

CAREER DEVELOPMENT POLICY #1315

REQUEST FOR TRAINING

EMPLOYEE: _____

DEPARTMENT: _____

NAME OF COURSE: _____

FACILITATOR: _____

DATE(S) OF COURSE: _____

TIME(S) OF COURSE: _____

LOCATION OF COURSE: _____

ESTIMATED COSTS: _____

 COURSE FEES: _____

 MILEAGE: _____

 MEALS: _____

 HOTELS: _____

ASSIGN EXPENSES TO
DEPARTMENT: (ie ASB) _____

DAYS AWAY WITH PAY: _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

TRAINING REQUEST APPROVED	<input type="checkbox"/>	
TRAINING REQUEST DENIED	<input type="checkbox"/>	_____ DIRECTOR OF FINANCE
OVERNIGHT ACCOMODATION APPROVED	<input type="checkbox"/>	_____ DATE