



- Training Request

Section I - Employee Request

Employee Name	Cost Center	Time Charge Code
Job Title/Classification		
Course Name		Date(s)
Location		Time(s)
I wish to attend the above training for the following reason(s): <input type="checkbox"/> Agency Directed <input type="checkbox"/> Career Development <input type="checkbox"/> Additional job knowledge and skills Other: _____		
I request the Department pay for the following estimated expenses related to this course: <input type="checkbox"/> Paid training time of _____ hours <input type="checkbox"/> Paid travel time of _____ hours <input type="checkbox"/> Mileage \$ _____ <input type="checkbox"/> Total per diem of \$ _____ <input type="checkbox"/> Registration/tuition of \$ _____ <input type="checkbox"/> Out-of-state travel* <input type="checkbox"/> Actual expenses* <input type="checkbox"/> Alternate work schedule (please explain) _____ <input type="checkbox"/> Overtime/Comp time (please explain) _____		
*Please see Employment Department Travel Policy B 36-6 (1)		

Employee Signature	Date
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Section II - Manager Response

<input type="checkbox"/> Request Approved	
The following expenses will be paid: <input type="checkbox"/> Paid training time <input type="checkbox"/> Registration/tuition of \$ _____ <input type="checkbox"/> Paid travel time <input type="checkbox"/> Actual mileage <input type="checkbox"/> Total per diem of \$ _____ <input type="checkbox"/> Actual expenses* <input type="checkbox"/> Out-of-state travel* <input type="checkbox"/> Alternate work schedule _____ <input type="checkbox"/> Overtime/Comp time as follows _____ Comments _____	
<input type="checkbox"/> Request Denied (for the following reason): _____ _____	
Manager Signature	Date
Employee Signature	Date