

Department of Administration Training Request Form

NAME: _____

PCN: _____

DIVISION: _____

SECTION: _____

SUPERVISOR: _____

SUPERVISOR PCN: _____

VENDOR INFORMATION

VENDOR: _____

CLASS TITLE: _____

DATES: _____ to _____

LOCATION: _____

COST: _____

SPECIAL ACCOMMODATION REQUESTED: None

TYPE OF TRAINING

- A. Mandatory – Required by Supervisor
- B. Job Related
- C. Career Related

FUNDING

CC: _____

LC: _____

ACCT: _____

If the total reimbursed educational expenses exceed \$500 in a calendar year, a Training Reimbursement Agreement must be signed by the employee.

Employee Signature

Date

APPROVAL

Immediate Supervisor Signature

Date

Division Director or Designee Signature

Date