**DEPARTMENT OF ADMINISTRATION**

**TRAINING REQUEST FORM**

NAME:       PCN:

DIVISION:       SECTION:

SUPERVISOR:       SUPERVISOR PCN:

**VENDOR INFORMATION**

VENDOR:       CLASS TITLE:

LOCATION:       COST:

DATES:

SPECIAL ACCOMMODATION REQUEST IF APPLICABLE:

**TYPE OF TRAINING**

1. MANDATORY – REQUIRED BY SUPERVISOR
2. JOB RELATED
3. CAREER RELATED

**FUNDING**

ACCOUNTING TEMPLATE:

FUND:

APPROPRIATION:

UNIT:

FUNCTION:

LOCATION:

ACTIVITY:

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

**APPROVAL**

EMPLOYEE SIGNATURE AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIVISION DIRECTOR AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_