



Nebraska VR

Nebraska Department of Education

Training Request

02/2020

Title of Training		Sponsor		
Date(s) (m/d/yr)	Contact hours (actual training hours only)	Location		
Program content (attach detailed program agenda)				
How do you think this training will improve a skill or knowledge you need for your job? What is your rationale for attending this training? Is the training an identified training area during your performance evaluation?				
Participant names				
Supervisor reason for approval/disapproval				
Itemize anticipated costs		Approvals		
Registration fee/tuition	_____	Approved	Denied	Initials
Lodging	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meals	_____	Supervisor		_____
Travel (except personal auto)	_____	VR Director	<input type="checkbox"/>	_____
Personal auto _____ miles @ current reimbursement rate (do not list state car)	_____		<input type="checkbox"/>	_____
Other costs	_____			_____
	Total			

See [Training Request Instructions](#) for detailed information.