02/2020

# Training Request

Email the completed Training Request to your supervisor for approval **(do not print).**

Title of Training: _____ Sponsor: _____

Date(s): _____ 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** | |
|---|---|
| Registration fee/tuition | |
| Lodging | |
| Meals | |
| Travel (except personal auto) | |
| Personal auto _____ miles at current reimbursement rate (do not list state car) | |
| Other costs | |
| **Total** | 0 |

| **Approvals** | Approved | Denied | Initials | Date |
|---|---|---|---|---|
| Supervisor | ☐ | ☐ | | |
| VR Director | ☐ | ☐ | | |

See Training Request Instructions for detailed information.