

<div>REQUEST FOR TRAINING</div> <div>(Complete form to the best of your ability and return to your supervisor)</div>		
Requestor:		Date of Request:
Classification:	Badge #:	Department:
Attendees:		
TRAINING TYPE		
Safety	Technical	Required for Certification
Professional Development		
Other-Provide description		
TRAINING INFORMATION		
Location of training:		
Description of training-Please include the sponsor or organization conducting the training, title of session, how the training relates to job responsibilities and how the training will benefit job performance:		
ESTIMATED COST OF TRAINING		
Please provide an itemized list of estimated costs for training, including registration fees, travel and lodging expenses, additional materials required, etc., in the space provided.		
Description	Expense amount	
Total estimated cost:		
REVIEWED BY:		
Supervisor signature:		
Superintendent:		
Director:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> More information is required
Reason for denial, required:		
This form has been reviewed with me by my immediate supervisor		
Requestor signature		