

TRAINING REQUEST APPROVAL

PLEASE ATTACH TRAINING REGISTRATION INFORMATION (FLYER, BROCHURE, ETC.)

Check here if **OUT-OF-TOWN TRAVEL ARRANGEMENTS** need to be made.

To Be Completed By: PERSON REQUESTING THE TRAINING/CONFERENCE	NAME OF TRAINING/CONFERENCE:		
	DATE(S):	COST (REGISTRATION FEES ONLY):	
	Name(s)	Job Title(s)	Work Site(s)

To Be Completed By: SUPERVISOR (if applicable), AREA MANAGER, OR DEPT MANAGER	CATEGORY #1: TRAINING / EDUCATION REQUIRED FOR CURRENT JOB	
	<input type="checkbox"/> Training is in an area of employee skill deficit, as documented on Employee Goal Sheet or as recognized by Supervisor assessment.	
	<input checked="" type="checkbox"/> Training is required for job. <i>(check one box below)</i>	
	<input type="checkbox"/> SSCBT <input type="checkbox"/> CDA <input type="checkbox"/> Food Certificate <input type="checkbox"/> Other _____	
	CATEGORY #2: TRAINING / EDUCATION FOR PROMOTION OR TO ENHANCE EXISTING SKILLS	
	Note: Category #2 requests will not be approved if training has not been completed for Category #1 skill deficits.	
<input type="checkbox"/> College credits for possible future position in the agency. (i.e.: Teacher → Head Teacher)		
<input type="checkbox"/> Training will enhance existing skills or build new skills.		
<i>Note: Training for this criteria will not be approved if the individual does not have and is not working toward the required education degree or certificate.</i>		
CATEGORY #3: OTHER REQUESTS		
<input type="checkbox"/> Justification for attending this training / conference is noted below and/or attached.		
SUPERVISOR Approval (if applicable):	Date:	Comments:
AREA /DEPT. MANAGER Approval:	Date:	Comments:

To Be Completed By: DIRECTOR	DIRECTOR Approval:	Date:	Comments:
REVENUE SOURCE / SPECIAL GRANT			
<input type="checkbox"/> HHS/OPK Split			
<input type="checkbox"/> OHSA Meetings (OPK)			
<input type="checkbox"/> EHS			
<input type="checkbox"/> EXPANSION (*not currently in use*)			
<input type="checkbox"/> LISTO (specify grant name & revenue source as above)			
Grant Name:		Revenue Source:	
<input type="checkbox"/> OTHER GRANT (specify grant name & revenue source as above)			
Grant Name:		Revenue Source:	

OFFICE USE ONLY	MAKE CHECK PAYABLE TO:	PO #:	AMOUNT: