## TRAINING REQUEST APPROVAL

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

	Check here if OUT-OF-TOW			
To Be Completed By: Ferson Requesting The Training/Conference	DATE(S): COST (REGISTRATION FEES ONLY):			
	Name(s)		Job Title(s)	Work Site(s)
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<b>To Be</b> PERSON TRAININ				
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<b>To Be Completed By:</b> SUPERVISOR (if applicable), MANAGER, <b>OR</b> DEPT MANAGER	<b>CATEGORY #1:</b> TRAINING / EDUCATION REQUIRED FOR CURRENT JOB  Training is in an area of employee skill deficit, as documented on Employee Goal Sheet or as recognized by			
	Supervisor assessment.			
	■ Training is required for job. ( <i>check one box below</i> )			
	SSCBT       CDA       Food Certificate       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.** $\Box$ College credits for possible future position in the agency. (i.e.: Teacher $\rightarrow$ Head Teacher)			
	$\Box$ Training will enhance existing skills or build new skills.			
	<b>Note:</b> 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.			
	CATEGORY #3: OTHER REQUESTS			
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To B SUPERV MANA	□ Justification for attending this training / SUPERVISOR Approval			
<b>To B</b> SUPERV AREA MANA	$\square$ Justification for attending this training /	conference is note	d below and/or attached.	
To Be Co SUPERVISOR AREA MANAGER,	Justification for attending this training / SUPERVISOR Approval	conference is note	d below and/or attached.	
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