
EXTERNAL TRAINING / CONFERENCE REQUEST FORM

If you are attending an external conference or training during working hours – this paid absence must be pre-approved by the supervisor, director of department, and the CEO/COO prior to registration.

Employees:

1. Save a copy of the form
 2. In your saved copy, complete the **Request** section electronically.
 - a. Complete the **Employee Information** section.
 - b. Provide details of the training / conference you would like to attend.
 - c. Estimate the costs associated with attending the conference or course.
Separate costs for travel, living accommodations, gas/mileage, rental cars.
Make sure to provide a **total** cost estimate.
 - d. Please mark funding source and how much funding you require.
 3. Sign & send an electronic copy of the request to your Supervisor.
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Supervisor:

1. Enter the names of everyone required to sign the request.
2. Print out the form and obtain remaining signatures needed.
 - a. All in-state training requests must be approved by the employee's supervisor and department director.
 - i. Out-of-state trainings require additional approval from the CEO or COO.
 - b. The supervisor, director or CEO/COO may approve or deny the request.
In both cases, they must sign the form (electronically or otherwise).
 - i. If denied, please provide a short explanation of the decision above signature.
3. Give the original signed form to Training Specialist and the employee within three days of completion. If emailing, please use subject title *"Training Approval Request"*.

EMPLOYEE INFORMATION

Employee Name	
Department	
License # (if applicable)	
Request Date	

CONFERENCE / TRAINING DETAILS

Title			
Description			
Venue			
Address			
Dates	From:		To:
Required training to maintain professional licensure?	Yes		No
CE Credits	Yes	Credits:	No
Presenting?	Yes		No
If yes, please provide title & description of presentation.			

COSTS / BENEFITS

Provide a list of all anticipated expenses.	Flight:	Hotel/Living:
	Registration Fees:	Gas/Mileage:
	Rental Car:	Estimated Total Cost:
Funding source for training costs:	<input type="radio"/> Grant-funded: \$ _____ <input type="radio"/> Agency funded: \$ _____	
	Be sure to indicate the granted or agency funded amounts in the areas above.	
Summarize the anticipated short- and long-term benefits of this conference for both you and Equitas Health.		

Signature of Employee	Date
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APPROVAL

1. NAME OF SUPERVISOR:		____ Approved / ____ Denied	
Signature		Date	
2. NAME OF DIRECTOR:		____ Approved / ____ Denied	
Signature		Date	
CEO	____ Approved / ____ Denied	COO	____ Approved / ____ Denied
Signature		Date	