



Training Request Form

Course Title:

Course Location:

Course Date(s):

Course Time:

Total Hours:

Registration Fee:

Additional Expenses:

Vendor:

Vendor Phone/Email:

Is attendance at the course in employee's Performance Management Plan? **Yes** **No**

Is this a required course for licensing or certification? **Yes** **No**

Out of State Travel Justification (If no travel or in-state travel only, leave blank):

Employee Signature	Signature.:	Date:
Email:		
Supervisor	Signature	Date:
Email:		
Director	Signature	Date:
Email:		
Associate Vice Chancellor (for out of state travel only)	Signature.:	Date:
Email:		