

**Department of Administrative Services – Personnel Section**  
**Request for Training**

1. Employee Name: \_\_\_\_\_

2. Division/Section: \_\_\_\_\_

3. Course Name: \_\_\_\_\_

NOTE: A description of the course content as listed in the catalog or an announcement must be attached.

4. Course Cost: \$ \_\_\_\_\_ Books/Supplies: \$ \_\_\_\_\_ Lodging/Travel(Est): \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Course Hours: \_\_\_\_\_ or Credit Hours: \_\_\_\_\_

5. Duration of Training: →→ Date: \_\_\_\_\_ Time: \_\_\_\_\_

6. Location of Training: \_\_\_\_\_

7. Course Offered by: \_\_\_\_\_

*Explain below how this course relates to your job assignments:*

- \_\_\_\_\_ **Job Required** - To meet minimum job performance
- \_\_\_\_\_ **Job Related** - To increase/improve skills above minimum job performance
- \_\_\_\_\_ **Career Development** – For self enhancement (may or may not be job related)

I certify that I have not applied for, received, nor will receive payment from any source for the reimbursement expenses requested:

Employee's Signature	Date	
_____ Approved Or _____ Disapproved	→→→	_____
		Supervisor's Signature
		Date
_____ Approved Or _____ Disapproved	→→→	_____
		Manager's Signature
		Date

<b>PCA NUMBER:</b> 12170  <b>AGY. OBJ. NO.:</b>	I approve the requested training and certify that sufficient funding is available for reimbursement.  _____ Appointing Authority
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**ADMINISTRATION OFFICE USE ONLY**

\_\_\_\_\_ The sponsor will be billing us. Pay invoice upon receipt for PO # \_\_\_\_\_

\_\_\_\_\_ Upon evidence of satisfactory completion, reimburse employee for a total of \$ \_\_\_\_\_

\_\_\_\_\_ Make check payment or agency transfer in advance to the training sponsor (Request Attached).