Form 4575 Application

Maryland Department of Health & Mental Hygiene
Training Services Division | http://dhmh.state.md.us/tsd/

Employee Information:

Last Name	First Name	SSN
Select One DHMH Facility/Adm. (i.e. Western MD Center)	Work Phone	_____% Percent Employed
Job Classification/Salary Grade	Date Entered State Service	County

Type of Training Request (check one): ☐ Nursing Reimbursement ☐ General Reimbursement ☐ Short-term Training

Justification for Training: _____

Course Title	No. of Credits	Amt. Requested	Summer/ Fall	Winter/ Spring	Online Yes/No	Start Date	End Date
1.							
2.							
3.							
4.							

Work Study (# of hours requested): _____ **University/College/Provider:** _____

Signatures:

Applicant Signature/Date	Appointing Authority or Supervisor/Date	Registration Coordinator/Date

TSD Approval: TSD USE ONLY

Approved: ☐Yes ☐No

_____
DHMH Secretary Designee Signature/Date

Course Title/Credits	Amount Approved
1.	
2.	
3.	
4.	

Please forward original and two (2) copies of this form with signatures to Training Services Division, 201 W. Preston St., Suite 115, Balto., MD 21201
Keep an additional copy for your personal files.