



FACILITIES OPERATIONS TRAINING REQUEST FORM

This form is to be utilized for training classes, functions or events not being offered by Facilities Operations. It should be filled out and processed no less than two weeks prior to the scheduled date of the training event.

Note that any training that requires "travel" may require upwards of a month or two prior notice for the approval process. Some training or events may require the employee to split the time with the department. Routing of the form will follow the signature path for the approval process.

Employee:	_____	Date:	_____
Division:	_____	Phone #	_____
Course Title:	_____		
Course Location:	_____		
Course Date(s)	_____		
Time of Day:	_____	Total Hours:	_____
Registration Fee: \$	_____	Additional Expenses: \$	_____

Is attendance at this course in employee's Performance Management Plan? Yes No
(If so attach a copy of the training narrative)

Is this a required course for licensing or certifications? Yes No

Will employee be expected to share what was learned with other employees? Yes No

Will information learned be beneficial to department? Yes No

Please explain:

Signatures required for consideration

Employee Signature:	_____	Date:	_____
Primary Supervisor Signature:	_____	Date:	_____

Signatures required for approval

Manager / Director Signature	_____	Date:	_____
Training Officer Signature:	_____	Date:	_____

Attach any additional information that may be useful for consideration of this training event.