

## TRAINING or CONFERENCE REQUEST

INTERNAL TRAINING

CONFERENCE

**Note:** Requests for external training must be completed using the AgLearn SF-182 process.

NAME _____	
COURSE TITLE (Attach copy of course announcement): _____	
DATES OF TRAINING/CONFERENCE:	LENGTH OF COURSE (hours):
LOCATION:	VENDOR NAME AND ADDRESS:
<b>ESTIMATED COST:</b> Tuition _____ M&IE _____ Lodging _____ Transportation _____ Miscellaneous _____ Total _____	<b>RD 2036-3 REQUEST FOR TRAVEL AUTHORIZATION OR AMENDMENT (if applicable)</b> <input type="checkbox"/> Attached  <b>IS COURSE INCLUDED IN THE EMPLOYEES INDIVIDUAL DEVELOPMENT PLAN (IDP)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE THE PURPOSE(S) FOR THIS COURSE AND IDENTIFY HOW IT IS JOB RELATED.  _____	
_____ <b>EMPLOYEE</b> <span style="float: right;">_____</span> <span style="float: right;"><b>DATE</b></span>	
<b>I RECOMMEND</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ <b>SUPERVISOR</b> <span style="float: right;">_____</span> <span style="float: right;"><b>DATE</b></span>	
<b>I RECOMMEND</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>TRAINING DOCUMENT NUMBER:</u></b> (For State Office Use Only) _____
_____ <b>TRAINING COORDINATOR</b> <span style="float: right;">_____</span> <span style="float: right;"><b>DATE</b></span>	<b><u>RQ NUMBER</u></b> (For State Office Use Only) Travel: _____ Tuition: _____
<b>FUNDS AVAILABLE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ <b>BUDGET TECHNICIAN / OFFICER</b> <span style="float: right;">_____</span> <span style="float: right;"><b>DATE</b></span>	
<b>APPROVED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ <b>STATE DIRECTOR / ADMINISTRATIVE PROGRAM DIRECTOR</b> <span style="float: right;">_____</span> <span style="float: right;"><b>DATE</b></span>	

For State Office Use Only:

<u>Date</u>	<u>Date</u>	<u>Date</u>
_____ Nomination Form Submitted	_____ Budget Technician/Officer	_____ Employee Notified
_____ Registration Form Submitted	_____ Contract Program Manager	_____ Supervisor Notified