

THREE RIVERS LEGAL SERVICES

TRAINING REQUEST

EMPLOYEE'S NAME _____ TODAY'S DATE _____

I hereby request authorization to attend training to begin on

_____ and end on _____
Date Date

DESCRIPTION OF TRAINING:

SUBSTANTIVE SKILLS COVERED:

EXPECTED COST OR TRAINING:

Registration or Tuition: _____
Travel: _____
Lodging: _____
Total: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

APPROVED BY MANAGER: _____ DATE: _____

APPROVED BY DIRECTOR: _____ DATE: _____

DENIED BY: _____ DATE: _____