



APPENDIX A

Training Request

Employee:	Training Course:	Training Dates:
Training Location:	Training Sponsor:	**Employee: Attach completed training registration form to this request.
Training Objectives: <i>(Short Summary)</i>		

Budget Information Check the <input checked="" type="checkbox"/> and fill in the amounts. \$ <input type="checkbox"/> Registration \$ <input type="checkbox"/> Air Fare \$ - <input type="checkbox"/> Meals (Est. \$ per day x days) \$ <input type="checkbox"/> Hotel Nights @ \$ /night + %Tax = \$ <input type="checkbox"/> Cab/Shuttle est. costs \$ - <input type="checkbox"/> Rental Vehicle \$ - <input type="checkbox"/> Misc./Other costs (Attach additional sheet if necessary) \$ -	Transportation Used: Check all that apply <input type="checkbox"/> Airline <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Department Vehicle <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Cab/Shuttle/Courtesy Veh.
Total Estimated Costs:	\$

Total workdays scheduled for this training:
 Total classroom/conference/training time:

Travel time (hours/days):
 Total time (travel & training)

Approval/Notifications:	
Department Supervisor: _____	Date _____
*Division Director: _____	Date _____
**City Administrator _____	Date _____
*Overnight approval **Out-of-State travel approval	
Reason for denial of training: _____	By: _____
Employee Signature: _____	Date: _____