**TRAINING REQUEST FORM**

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| **EMPLOYEE DETAILS** | |
| **Employee Name:** |  |
| **Employment Status:** | **Fulltime  Part-Time**  **Casual  Contractor** |
| **Department:** |  |
| **Manager:** |  |
| **Work Site:** |  |

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| **TRAINING INFORMATION** | | | | | | | |
| **Company Name &Address of Vendor:** | | |  | | | | |
| **Contact Number:** | | |  | | | | |
| **Location of Training:** | | | As Above Other | | | | |
| **Course Title:** | | |  | | | | |
| **Date of Training:** | | | Begin / / End / / | | | | |
| **Total Number of Days Taken:** | | |  | | | | |
| **Return to Work Date:** | | | / / | | | | |
| **Related to current duties  Related to future duties  For Professional Development** | | | | | | | |
| **Course/Workshop Objectives:**  How will your department benefit from your training/workshop | | |  | | | | |
| **Copy of course details attached:** | | | **YES  NO** | | | | |
| **Training Cost** | **Meal** | **Lodging** | | **Mileage** | **Airfare** | **Other/s** | **Total** |
| $0.00 | $0.00 | $0.00 | | $0.00 | $0.00 | $0.00 | **$0.00** |

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| **SIGNATURE & APPROVALS** | | |
| **Employee Signature:** | **Date:** | / / |
| **Manager Approval Signature:** | **Date:** | / / |
| **Executive Approval Signature:** (If Required) | **Date:** | / / |
| **Finance Signature Processed:** | **Date:** | / / |