



TRAINING REQUEST FORM

(Personal Development)

TO BE COMPLETED BY THE EMPLOYEE MANAGER

Date: _____

Employee Name: _____

Supervisor Name: _____

Name of Program: _____

Start Date: _____

Finish Date: _____

Location: _____

Describe how this is directly related to your job (Justification)

If it is necessary to take time off from scheduled work, please list the time and dates:

Time: _____

Dates: _____

Employee Signature: _____ **Date:** _____

TO BE COMPLETED BY SUPERVISOR AND/OR MANAGER

Employee Eligible: Yes ☐ No ☐

Transportation: \$ _____

Lodging: \$ _____

Name of Hotel/Resort: _____

Meals: \$ _____ **Note: Meals are limited to \$50.00 per day. No alcohol reimbursement**

Related Expenses: \$ _____

TOTAL: \$ _____

Supervisor/Manger Signature: _____ **Date:** _____

TO BE COMPLETED BY DIRECTOR AND OR DESIGNEE

Approve ☐ Disapprove ☐

General Managers Signature: _____ **Date:** _____

If request is denied, please provide documentation for reasoning