

**APPLICATION FOR TRAINING  
FACILITIES SERVICES DEPARTMENT**

**PLEASE CHECK APPLICABLE BOX**

**PROJECT NO:** \_\_\_\_\_

- HR TRAINING  
 OFF CAMPUS TRAINING


- F/S IN HOUSE TRAINING  
 OTHER (EXPLAIN)  
\_\_\_\_\_

Employee Name: \_\_\_\_\_ PERSONNEL # \_\_\_\_\_

I request approval to enroll in: \_\_\_\_\_

This course will be held on: \_\_\_\_\_  
(Day of week and Date)

and is scheduled for the following time \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

 Course fee amount: (please check)  No Fee  Charge of \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* ATTACH A COPY OF TRAINING ANNOUNCEMENT \*\*\***

Supervisor Approval: I have checked the work schedule and this employee may be excused to attend the requested course.

Supervisor Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Executive Director