

REQUEST FOR APPROVAL OF OUT-SERVICE TRAINING
(Submit in duplicate)

Department _____

Date _____

Part I To be filled in by requesting authority

1. (a) Name of training sponsor	(b) Where training will be given (name of site, city and state)	2. Accredited trn? <input type="checkbox"/> yes <input type="checkbox"/> no
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3. Title of course _____

4. Length of course (hrs)	5. No. of hours of training on government time	Date training scheduled to begin _____ end _____
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7. Trainees

Name(s)	Position title(s)	B.U.	Section or unit
(List may be attached)			

8. Cost to Department

Item	Program cost (registration, tuition, etc.)	Per diem	Air transportation	Ground transportation	Justify and list other expenses	Total
Per trainee						
Total						

9. Course Content: Attach one copy of course description, registration information and itinerary of trainee(s).
Note: Use back of form or separate sheet if further explanation of entries is necessary.

10. State reason(s) why it is essential for trainee(s) to participate in the above program.

Signature of requesting authority

Sig. of dept. head or auth. rep.

Part II Department of Human Resources Development

This request is hereby approved for _____ person(s)	Date _____
<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved with changes	

For the Director
Department of Human Resources Development