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

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?

   □ yes □ no

3. Title of course

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

7. Trainees

Name(s)  Position title(s)  B.U.  Section or unit

(List may be attached)

8. Cost to Department

<table>
<thead>
<tr>
<th>Item</th>
<th>Program cost (registration, tuition, etc.)</th>
<th>Per diem</th>
<th>Air transportation</th>
<th>Ground transportation</th>
<th>Justify and list other expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per trainee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

□ Disapproved □ Approved with changes

For the Director
Department of Human Resources Development

HRD 411
Rev. 12-12-05