

Department  Date

**Part I To be filled in by requesting authority**

1.(a) Name of training sponsor  <input type="text"/>	(b) Where training will be given (name of site, city and state)  <input type="text"/>	Accredited Training?  <input type="checkbox"/> YES <input type="checkbox"/> NO
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Course Title:

4. Length of course (hrs)  <input style="width:50px; height:20px;" type="text"/>	5. No. of hours of training on government time  <input style="width:50px; height:20px;" type="text"/>	Date training scheduled:  <input style="width:50px; height:20px;" type="text"/> to <input style="width:50px; height:20px;" type="text"/>
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7. Trainees			
Name(s)	Position title(s)	B.U.	Section or unit
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>

(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	<input style="width:95%; height:20px;" type="text"/>					
	<input style="width:95%; height:20px;" type="text"/>					
	<input style="width:95%; height:20px;" type="text"/>					
Total	<input style="width:95%; height:20px;" type="text"/>					

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.

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Signature of requesting authority

\_\_\_\_\_  
Sig. of dept. head or auth. rep.

**Part II Department of Human Resources Development**

This request is hereby approved for <input style="width:30px;" type="text"/> person(s) Disapproved <input type="checkbox"/> <input type="checkbox"/> Approved <input type="checkbox"/> with changes	Date <input style="width:100%;" type="text"/>
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For the Director  
Department of Human Resources Development