

TRAINING REQUEST FORM



Department of Human Resources

1. Refer to **Registration Information** in the Training Guide on page 7 prior to completing this form. (The Guide and this form can be found on the City's web pages under Human Resources.)
2. Employees should submit this form, with their supervisor's approval, to their Departmental Training Coordinator who will then forward the request to the Department of Human Resources on or before the registration deadline.
3. Please use a separate form for each program requested.
4. **NOTE: Departmental Training Coordinators—please fill in complete accounting information if a registration fee is required for participants.**

Date of Training Class:	Name of Training Class:
Time of Training Class:	Registration Deadline Date:
Departmental Training Coordinator:	Department of Participants:

NAME <i>(in priority order)</i>	SOCIAL SECURITY NUMBER (FIRST 5-DIGITS ONLY)	ENROLLED IN CERTIFICATE PROGRAM? Y or N	DOES THIS EMPLOYEE SUPERVISE OTHERS? Y or N	DOES THIS EMPLOYEE NEED AN ACCOMODATION? Y or N	COMMENTS	Fund:
						Account:
						Project:
						Funding Source:
						Program:
Supervisor Signature:						Date:
Department Head Signature:						Date: