

REQUEST FOR TRAINING

Employee Name & Center:

Date:

Date(s) of Training:

Name of Training/Sessions you will be attending:

Have you attended this conference in the past? Yes No

Cost of Registration: \$

Name of Substitute you have arranged:

Days and Hours they will be subbing:

How do you plan to use this training in your current position?

How will you share what you have learned at this training?

of years you have been employed with CDS:

Number of years in current position:

Current level of education:

Is this training inclusive of your career development plan: Yes No

All requests must be submitted to the Training Manager a minimum of 2 weeks prior to the registration deadline. Requests received late or incomplete may be denied.

Supervisor's signature: _____ Date: _____