

Training Request

Employee Name: _____ Service Area: _____

Check to indicate additional employees

Date: _____ Name of Course: _____

Course Date(s): _____

Course Times: _____

Describe Employee Benefit: _____

Submitted by: _____

Supervisor Signature: _____

Supervisor Signature (if applicable): _____

Estimated Training Costs (not applicable to First Aid CPR)

Registration: \$ _____ x _____ ⇒ \$ _____
people

Roundtrip Mileage: \$ _____ x _____ ⇒ \$ _____
(Estimate of kilometers) cars

Hotel: \$ _____ x _____ ⇒ \$ _____
rooms

Meals & Miscellaneous: \$ _____ x _____ ⇒ \$ _____
(Includes parking) people

****Ensure that all applicable receipts are submitted upon your return**

Total Projected Cost \$ _____

Employee Name: _____ Service Area _____

Employee Name: _____ Service Area _____

Employee Name: _____ Service Area _____

Employee Name: _____ Service Area _____

Employee Name: _____ Service Area _____

Employee Name: _____ Service Area _____

- ** Please fill out this form and attach all information regarding the Course / Workshop.
- ** Once complete forward to immediate supervisor for approval.
- ** Upon approval, reception will complete the registrations (with the exception of First Aid CPR).
- ** **If cancellation is required, it is the responsibility of the Employee to notify Supervisor to avoid unnecessary costs.**

| | | | | | | | |
|------------------|----------------------------------|---|----------|-----|----------|-------|-----------|
| Binder(s): | Human Resources | | | | | Page: | 1 of 1 |
| Section(s): | Terms & Conditions of Employment | A | 00/11/09 | R/R | Aug 1/07 | R/R | Jun 21/17 |
| Program Area(s): | | | | | | | |