

TRAINING AND DEVELOPMENT REQUEST

Section A: Employee Request

Name (Print) _____ Request Date _____

Current Position _____ Supervisor _____

Check one:

Seminar College Course Workshop Conference Other: _____

Title _____

School or
Organization _____

Dates of attendance _____ Total Hours Training _____ Cost: \$ _____

What specific knowledge or skill will you learn?

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?

Employee Signature _____

Attach description of training with completed registration form and forward to your supervisor for approval process.

Section B: Approvals

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Supervisor _____ Date _____

Pastoral Leader _____ Date _____