

GOVERNANCE & OPERATIONS

FILE CODE: GO/4131E

PERSONNEL
STAFF DEVELOPMENT

STAFF TRAINING AND DEVELOPMENT REQUEST FORM

(This request must be submitted a minimum of 3 weeks prior to training event.)

Section I: Employee

Date of Request: _____

Employee Name: _____

Phone/Ext/Email: _____

Name of Course/Workshop/Seminar you wish to attend:
(Attach a copy of training announcement and registration form.)

Training Date(s): _____

Location: _____

How does the proposed training benefit you in the performance of your job with the Association?

COSTS	Amount Requested	Amount Approved	Actual Cost(s)
Registration			
Transportation (round trip)			
Hotel			
Meals (GO/4133.3R)			
Misc. (cab, tips, etc)			
TOTAL:			

Section II: Department Director

Supervisor's Recommendation: Check One: Approved: _____ Denied: _____

Will the department be able to cover a portion of the costs associated with the employee's attendance at this course/seminar/workshop? (Check One)

Yes: _____ If yes, provide \$ amount: _____

Name of Account: _____ Acct. to Charge: _____

No: _____ Comments: _____

Supervisor's Signature: _____

Date: _____

Section III: Human Resources (for authorization and budget approval #12-10-61830)

HR Signature: _____

Date: _____

If you have any questions, contact Kim Blum at 5212 or by email: kblum@njsba.org.