



# TRAINING REQUEST FORM

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Education/Meeting Title: \_\_\_\_\_  
(no abbreviation/acronyms, please)

Date of Offering: \_\_\_\_\_ Location/City: \_\_\_\_\_

**Requestor:** In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting.

**Supervisor:** In a paragraph, explain why this request is being made.

Is this training ☐ for professional certification (ie P.O.S.T. license)  
☐ specific to employee's job title (ie: conference)  
☐ other

**Do we need to cut a check for:** (requests made after the date of the training are not guaranteed payment)

1. Registration/tuition fee ☐ Yes ☐ No – they will bill us ☐ No – Charged to County credit card\*

If the following are left blank, payment will **NOT** be made by the Auditor's office.

Fee amount: \_\_\_\_\_ Date to issue check: \_\_\_\_\_

Account #: \_\_\_\_\_ Attach and mark any documentation that needs to go with the check

Make check payable to: \_\_\_\_\_

Mailed directly to : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you wish to be considered for reimbursement for:**

2. Hotel accommodations ☐ Yes ☐ No ☐ Charged to County credit card\*  
3. Meals ☐ Yes ☐ No  
4. Mileage ☐ Yes ☐ No  
5. Miscellaneous expenses ☐ Yes ☐ No

If yes, give brief explanation of expenses \_\_\_\_\_

**Do you request an advancement on expenses?** \_\_\_\_\_ If yes, how much \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

REQUESTS NEED TO BE SUBMITTED TO CENTRAL SERVICES THE **THURSDAY BEFORE** A BOARD MEETING IN ORDER TO BE CONSIDERED FOR APPROVAL BY THE COUNTY BOARD.

\*Note that neither Central Services nor the Auditor Treasurer are responsible for making payments via County credit card on your behalf. You and/or your department head should make payments with your department's County credit card.