

Request for Bureau of Human Resources Training Registration

Name _____ Title _____

Department _____

Course Title _____

Dates of Course _____ thru _____

Will regular work hours be involved? _____ YES _____ NO If yes, how many? _____

Course offered by Bureau of Human Resources?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other?
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Course to be held at _____
(city) (state)

COST	FUNDING	Index Code
	<u>Index</u>	<u>Index Code</u>
Registration Fee \$ _____		_____
Other \$ _____		_____
TOTAL \$ _____		_____

Describe how this course will improve your job performance or otherwise benefit the state.

I understand that if I do not attend or successfully complete the training for a reason other than through no fault of my own, that I am responsible for reimbursing the state for any portion of this registration fee which is non-refundable.

Signature of Employee Requesting Approval

DEPARTMENT _____ Approved _____ Disapproved By _____ Title _____ Date _____	HUMAN RESOURCES _____ Approved _____ Disapproved By _____ Title _____ Date _____
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