



EMPLOYEE TRAINING REQUEST AND REGISTRATION

Applicant Name (Last, First, MI)		Personnel ID#	
Site		Address/Mail Stop	
Phone Number (Work)	Phone Number (Home) (optional)	Job Classification	
Course Title		Course Code (If applicable)	

Vendor/Host: DES CJTC Statewide Academies Other (Name): _____

Training Date(s)	Location	Cost
Contact Person for Hosted Class		Phone Number

Supervisor's Signature _____

Date _____

Describe below how your attendance at this training would benefit you and the agency. Please also describe how you would share this information with other staff.

TDU WILL NOT PROCESS THIS REQUEST WITHOUT REQUIRED SIGNATURES

AUTHORIZATION

Submit completed form to TDU through Easy Vista. No verbal Registration is accepted. Only one signature is required if Supervisor and Appointing Authority are the same person. *FIELD SUPERVISORS MAY SIGN FOR BUSINESS AND/OR ADMINISTRATORY IF AUTHORIZED.*

Position Covered _____
Roster Manager (Custody Only) _____ Date _____

Overtime Issues _____

Other _____

Per Diem Allowed _____
Business Manager/Budget Authority (If Needed) _____ Date _____

Monies Available in Budget _____

Other (specify) _____

Approved _____
Manager/Administrator/Department Head _____ Date _____

Denied _____

Comments _____

Approved _____
Appointing Authority _____ Date _____

Denied _____

Position Covered _____
Field/Facility Performance Coordinator _____ Date _____

Overtime Issues _____

IN OFFICE USE

Confirmed _____
Registrar's Signature _____ Date _____

Alternate _____

Class Cancelled Class Full Next Available _____