

THE CITADEL - TRAINING REQUEST FORM

INSTRUCTIONS: See attached for complete instructions page.
Please complete all areas legibly.

Section 1 – Employee Information

Name: <i>(print)</i>	Today's Date:
CWID:	Job Title:
Phone:	Email:
Department:	Dept. Head/Supervisor:
Dept. Head/Supervisor Email:	Travel Authorization #:
Employee Signature:	

Section 2 - Training Information

Note: Dept. Head/Supervisor designated must complete and arrange all travel, registration and transportation accommodations.

Event Title:	Course ID#:
Event Location/Address:	Cost (Event only):
Vendor/Sponsor Name:	Vendor/Sponsor Phone:
Upon completion, the training may result in: <input type="checkbox"/> Recertification <input type="checkbox"/> Certificate of completion	<input type="checkbox"/> Certification <input type="checkbox"/> Other: (Specify) _____
Certification Details:	Certification Title: _____ Expiration Date: _____
Is this a job related training recommendation: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input type="checkbox"/> Both	Employment Status: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other: (Specify):
Will training be completed during standard working hours or after work hours:	<input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> Both
Training Specific Hours/Times:	
How will this training benefit the job performance? (Must be specific and justifiable/Attach additional information if needed)	
Will this training enhance the skills of the job requirements? (Must be specific/Attach additional information if needed)	

Section 3 – Department Head/Supervisor Approval

Dept. Head/Supervisor's:	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval
Disapproval Reason:	Department Head/Supervisor's Signature:
Approval Justification and Comments:	

Section 4 – Human Resource Department Authorization

Date:	Human Resource: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval
Authorized Signature:	
Comments:	Authorized Training Expense Amount: Purchase Order #: