



# Training Request Form

Employee Name _____		Employee # _____	Department # _____
Title of Workshop / Course _____		CEU / Training Hours _____	
Date of Workshop _____	Location _____	Type of Training (choose one) _____	
Benefit expected from this workshop? _____			
Registration Deadline _____	Have you pre-registered? (choose one) _____	Training hours to be used (include drive time) _____	
<i>To ensure space for your attendance, it would be in your best interest to pre-register for this workshop. Be sure to obtain approval first.</i>			
Registration Costs (attach form) _____	Pay registration to: _____		
	Name _____		
	Address _____		
	City / State / Zip _____		
<i>Keep a copy of your registration form for your records in case any questions arise. If you are requesting reimbursement, proof of payment must be attached.</i>			
Mileage		Hotel	
Estimated Cost		Estimated Cost	
Meals			
Estimated Cost			
Employee Signature _____		Date _____	

***\*If you have pre-registered without receiving full approval, your request for reimbursement may be denied\****

Supervisor's Comments _____	
Supervisor's Signature _____	Date _____
HR Approval _____	Date _____

**Forward completed form to HR via scan email at [hrdept@dcca.org](mailto:hrdept@dcca.org), or the confidential HR fax (785) 841-4628.**

HR Use					
Training \$ Available		Training Hours Available		Approval Email	
Training \$ Used		Training Hours Used		Copy to AP	
Training \$ Remaining		Training Hours Remaining		Record	
Notes _____					