



# Request to attend training

## Member information

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you?  Phone  Email

Have you attached a copy of your signed leave form?  Yes  No

## Course Information

Training Event: \_\_\_\_\_

Course Title: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_ Out of town?  No  Yes

If out of town, how do you plan to travel? (please circle) Drive personal vehicle Fly

Rent Vehicle Carpool (driver) Carpool (passenger) Other: \_\_\_\_\_

Do you require accommodation?  No  Yes

If yes, these nights: From \_\_\_\_\_ To \_\_\_\_\_

Are meals provided?  No  Yes  Some  Unknown

Are you willing to share a room?  No  Yes, with \_\_\_\_\_

Please tell us why you are interested in attending this training:

Date submitted:

### ----- Office Use Only -----

Discussed: Approved?  No  Yes Executive initials: \_\_\_\_\_

Leave form?  Expense Form?  Reimbursed?