

TRAINING REQUEST FORM
(Personal Development)

TO BE COMPLETED BY THE EMPLOYEE

Date _____

Employee Name _____ Supervisor _____

Name of Program _____

Program Date(s) / Time(s) _____

Location _____

Describe how this is directly related to your job (justification): _____

If it is necessary to take time off from scheduled work, please list the time and dates _____

Employee Signature _____ Date _____

(Attach a copy of brochure/program announcement, if applicable or available.)

TO BE COMPLETED BY EMPLOYEE, SUPERVISOR AND/OR MANAGER

Employee eligible: Yes _____ No _____ (If no, see justification below.)

Approximate cost:

\$ _____

Transportation

\$ _____

Lodging

\$ _____

Meals

\$ _____

Program Cost/Expenses

\$ _____

TOTAL

Supervisor and Manager Signature _____ Date _____

TO BE COMPLETED BY DEPARTMENT HEAD AND/OR DESIGNEE

Approved _____ Denied _____

Justification for denial: _____

Department Head Signature _____ Date _____

TO BE COMPLETED BY UNIVERSITY FACILITIES LEARNING AND DEVELOPMENT

Approved by Vice President _____ Denied by Vice President _____

Justification for denial: _____

UF Vice President Signature _____ Date _____

Note: If an overnight stay and/or commercial transportation is required, a Request for Travel Authorization form must be completed prior to the trip.