

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS TRAINING/TRAVEL REQUEST—STAFF

Complete the training request form at least **THREE WEEKS PRIOR TO THE REGISTRATION DEADLINE** published by the training brochure. **If turned in past the deadline the request may be denied.**

RESERVATION DEADLINE/CUT OFF _____ (See Blue Announcement)

THIS FORM MUST BE FILLED IN COMPLETELY.

Full-time staff Part-time staff SID no. - -

Name _____ Job title _____

Site and supervisor _____ Mail stop _____

Name of approved training _____
(must attach completed registration form)

Location _____ Registration fee \$ _____

Date(s) and time(s) _____

COMPLETE THIS SECTION ONLY IF TRAVELING BY AIR

_____ Date of birth _____
Full name as it appears on driver's license

PURPOSE FOR TRAINING/TRAVEL REQUEST

- Meeting teacher qualification requirements (CDA/STARS/AA/BA Degree)
- Number of STARS earned this calendar year _____
- Performance evaluation training and development goal
- Meetings requiring out-of-town travel (WSA, WCCCC, Director's Meeting, etc.)
- Meets program specific goals, objectives and/or mandates
- Professional development
- Other _____ Supervisor initials _____

Employee must complete **ADDITIONAL INFORMATION** on back page prior to submitting to supervisor.

SUPERVISOR APPROVAL

After completion send to appropriate senior manager at MS 1055

STEP 1

The employee's work is current: Yes No If more than one person requesting per site, priority rating: _____

How will this training and sessions selected support the employee's individual training and development plan?

Justification for out-of-town travel:

Signature _____ Date _____

ADDITIONAL INFORMATION to be completed by employee

If flying: Rental car needed (when no shuttle services available)

If driving, check your preference: Private car State car State van

I will drive my own car or ride with others and will not need to ride in a state car/van. I understand my mileage will not be reimbursed.

I need to leave: Early Late **State reason:**_____

I need to return: Early Late **State reason:**_____

I have made arrangements to stay with people outside of this program, so I don't need room arrangements.

I understand a room assignment will be made for me unless I specify who I want to room with now.

Roommate:_____

Require single room (check one that applies):

Agency pays—I am working/presenting at the training.

Agency pays—only male/female going.

Agency pays—medical necessity. Documentation attached.

I am willing to pay any additional costs.

Willing to absorb some costs myself if training is not a requirement. (Be specific—e.g., pay additional cost for membership or clock hours, etc.)

Please read these statements and check that you understand:

I understand that the cost of per diem for food for training of less than 72 hours will be reimbursed after the training.

I understand that when traveling less than 50 miles, meals will not be reimbursed unless it's part of the registration fee.

ADMINISTRATIVE APPROVAL

STEP 2

Senior manager approval: Yes No

Signature_____ Date_____

If no, reason:_____

Date notification sent to supervisor if denied_____

STEP 3

Program services manager training budget approval: Yes No

Signature_____ Date_____

If no, reason:_____

Date notification sent to supervisor if denied_____

STEP 4

Budget number(s)_____ Initials_____