Community Colleges of Spokane

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

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

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 session support the employee's individual training and development plan?

Justification for out-of-town travel:

Signature _____ Date _____

continued on next page

ADDITIONAL INFORMATION to be completed by employee

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

If driving, check your preference: ☐ Private car ☐ Rental

☐ I will drive my own car or ride with others and will not need a rental car. 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

Training budget approval: ☐ Yes ☐ No

Signature _____ Date _____

If no, reason: _____

Date notification sent to supervisor if denied _____

STEP 4

Budget number(s) _____ Initials _____