



CONFERENCE / TRAINING / WORKSHOP REQUEST

Conference / Training / Workshop Details (to be completed by requestor)

This request is to be completed for ALL conferences/training/workshops.

STAFF NAME: _____ DATE: _____

NAME OF CONFERENCE/WORKSHOP: _____

DATE(S) OF CONFERENCE/WORKSHOP: _____

LOCATION: _____

IS THIS CONFERENCE/WORKSHOP:

- 1. **Mandatory Training:** Training stipulated by regulatory bodies, as written in the applicable standards, rules and codes. YES NO
- 2. **Performance Improvement:** Areas of improvement identified as a need by the Supervisor. YES NO
- 3. **Skill Building:** Training opportunities designed to expand or enhance current satisfactory job performance, skills or abilities. YES NO

Expenses (to be completed by requestor)

A completed Conference/Training/Workshop request form must be submitted for processing 2 weeks before the conference, or the deadline of the conference (whichever comes first), along with all supporting documents. See Region 10 Training Policy for more details.

Cost of conference: (include registration fee, materials, etc.) \$ _____

Name of Hotel: _____ Contact Number for Hotel: _____

Address of Hotel: _____

Check-in Date: _____ Check-out Date: _____ Number of Nights: _____

Region 10 Clerical Staff to complete this section:

Hotel Cost per Night: _____ Total Hotel Cost: _____ Tax Percentage: _____ \$

Confirmation #: _____ Total Estimated Costs: \$

Total Advance Requested (if any): \$

Immediate Supervisor Signature: _____ Recommended Not Recommended

The Chief Executive Officer MUST approve out-of-state conferences.

Chief Executive Officer Signature: _____ Approved Not Approved

The Training Follow-Up Report located on page 2 must be completed within 15 days after completion of the conference, training, or workshop and returned to HR Dept. with required documentation.



TRAINING FOLLOW-UP REPORT

This form must be completed within (15) days following the conference/workshop attended. Along with this form, you are required to submit any certificates of completion or CEU verification documentation.

Section 1

STAFF NAME: _____

DATE: _____

NAME OF CONFERENCE/WORKSHOP: _____

DATE(S) OF CONFERENCE/WORKSHOP: _____

NUMBER OF TRAINING CREDIT HOURS:		Are these Social Work CE Credits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number of Social Work Credit Hours*:	
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** Region 10 does not track individual SW training CEUs.*

Section 2

Were the topics relevant to our organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the contents and materials easy to follow?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the trainer knowledgeable about the topic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the trainer well prepared?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you recommend this conference to others?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Why or why not?

Section 3

Describe three (3) ways you will apply what you learned from the conference to your area of responsibility: