



## 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.**