

# Training Request Form

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## Requestor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

## Training Information

Training requested: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Class cost: \_\_\_\_\_

Transportation Cost : \_\_\_\_\_ Method: State vehicle / POV / Rental / Air  
(Circle)

Registration Cost : \_\_\_\_\_ Meals Cost : \_\_\_\_\_

Travel Authorization #: \_\_\_\_\_

Will this training result in a certification or license ? **YES** **NO**

Is this training required to maintain a license or certification currently held ? **YES** **NO**

Is this training required for your job ? **YES** **NO**

How will this training benefit your job at The Citadel ? (Be specific to justify your request.)

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## Approval Information

Supervisor Approval/ Disapproval: \_\_\_\_\_  
(signature)

Supervisor Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Human Resources Director Approval / Disapproval:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)