

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Request for Staff Development or Training

NAME DATE OF REQUEST

DEPARTMENT CLASSIFICATION

DEGREE PROGRAM WORKING ON College Name

TITLE OF COURSE/TRAINING

(Attach agenda, course description, and any additional information)

COURSE/TRAINING DATES: FROM TO LOCATION

(Attach letter confirming or denying College Financial Aid Award each year)

FUNDING REQUESTED FOR:

Table with 4 columns: Item, Total Cost, Requested Amount, Approved Amount. Rows include Registrations, Books (part-time staff), Tuition, Other, and TOTAL.

EMPLOYEE'S JUSTIFICATION FOR TRAINING:

Job Related? yes no
Release Time Requested? yes no
Upward Mobility? yes no
Employee Option? yes no
Requested by Supervisor? yes no

Employee Signature Date

SUPERVISOR'S RESPONSE TO REQUEST:

Do you recommend this course training for employee? yes no
Is this course/training job related? yes no
Release Time Approved? yes no
Reimburse according to Staff Development Policy? yes no
Consider reimburse in EXCESS of Staff Development Policy? yes no

APPROVE () DISAPPROVE ()

Supervisor Signature Date

Travel Guidelines Discussed with Employee []

Assistant Director/Director Approval (When Applicable) Date

Additional Comments: