



Empowering People with Disabilities

Request for Training

Employee Name _____

Name of training or course _____

Presenter/instructor _____

Location _____ Date _____

Time (from _____ to _____)

____ Requesting training pay of 7.25 per hour

____ Requesting mileage of .42 per hour

____ Other _____ (Approval of Executive Director Required)

Pre-Approval:

Supervisor Signature:
Employee Signature:
Date:

Completion Approval:

Supervisor Signature:
Employee Signature:
Date:

