

**LAKES REGION COMMUNITY SERVICES
TRAINING REQUEST FORM**

Directions:

- Employee **must** complete this form in its **entirety**, or it will be returned.
- The actual registration form for outside trainings **must** be filled out and attached.
- Employee then forwards the forms to their supervisor for approval and signature.
- Supervisor forwards the completed forms to Human Resources.
- This **MUST** be received in Human Resource 3 weeks prior to registration deadline for payment to occur directly by LRCS, if not the employee may need to pay and then be reimbursed.
- A signed copy checking off approval or denial will be returned to employee.

Name _____ Position _____
Dept/Program _____ Manager _____
Day Phone _____ Email _____
Name of Training _____ Date of Training _____
Location _____ Time: _____ to _____
Cost _____ Date of Request _____

In-House Training Registration Form Attached
 Outside Training Registration Deadline _____
 Hotel Needed Breakouts Selected (if applicable)

How does this training relate to your position?

What do you feel you will learn at this training, and how will you apply that to your job?

Manager's Approval _____ **Date** _____

Human Resources Only:

_____ You are signed up for the training you have requested.
_____ You must call before the training to confirm your registration.
_____ Your request had been denied for the following reason (s):

Date Check Requested from Accounts Payable: _____ *Initials:* _____
Date Registration Processed: _____ *Initials:* _____
Date Confirmation to Employee: _____ *Initials:* _____
Training Confirmation Entered in ADP: _____ *Initials:* _____

**** PLEASE NOTIFY HUMAN RESOURCES IF YOU ARE UNABLE TO ATTEND, SO WE CAN REQUEST A REFUND OR SEND ANOTHER EMPLOYEE IN YOUR PLACE.**

*****FOLLOWING YOUR TRAINING, PLEASE PROVIDE HR WITH COPIES OF CERTIFICATES, AWARDS OR OTHER DOCUMENTATION CONFIRMING YOUR ATTENDANCE TO UPDATE YOUR PERSONNEL FILE.**