

## TRAINING COURSE REQUEST FORM

**TO BE COMPLETED BY THE EMPLOYEE**

Date \_\_\_\_\_  
Employee Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name of Training \_\_\_\_\_  
Program Date(s) / Time(s) \_\_\_\_\_  
Location \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Attach a copy of brochure/program announcement, if applicable or available.)

**TO BE COMPLETED BY MANAGER**

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

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