

## EXTERNAL TRAINING REQUEST FORM

**FOR STAFF TO COMPLETE (incomplete forms will be returned)**

Request Date \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Staff Name \_\_\_\_\_ Credentials \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_ Program \_\_\_\_\_ Phone \_\_\_\_\_

Title of Training \_\_\_\_\_

Are CEU's offered?     Yes     No    Total Contact Hours/CEUs: \_\_\_\_\_

**After attending, submit your Certificate or Letter of Completion to HR for inclusion in your annual training log**

Training Offered by: \_\_\_\_\_

I HAVE NOT registered (attach registration form and instructions)

I HAVE registered (please attach confirmation and payment instructions)

Send Payment (Attn.): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Total Registration Fee: \$ \_\_\_\_\_

If you are requesting Agency funding for other **non-registration** expenses, please complete the following:

Travel Arrangements Required?:     Airfare     Hotel     Car Rental     Not Required

*(If travel arrangements are required, you must contact the Purchasing Manager to arrange)*

Estimated Travel Expenses	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Will you be requesting mileage reimbursement? If yes, round trip miles:	Total miles
<input type="checkbox"/> Yes <input type="checkbox"/> No Will you be requesting paid time for attending? If yes, total hours:	Hours
Other additional expenses (describe: _____)	\$ _____
<b>Total Agency Funding Requested (including registration &amp; travel)</b>	<b>\$ _____</b>

**FOR PROGRAM/ADMINISTRATIVE MANAGER TO COMPLETE:**

I approve this Request for Training, with the following to be reimbursed/paid:

- All expenses will be reimbursed/paid as requested
- Only the cost of registration fee will be reimbursed/paid
- Other partial funding (please describe: \_\_\_\_\_)
- Employee will be paid for the training time, but no other reimbursements will be paid

Specific fund to be used for payment, please explain: \_\_\_\_\_

The request to attend this training is denied (please return this form to the requesting staff-member)

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

Submit Completed Form to PURCHASING MANAGER for processing/payment

**THIS SECTION FOR ADMINISTRATION USE ONLY!!**

Date received by Purchasing Mgr: _____	Date received by Accounts Payable: _____
Forwarded to Human Resources: _____	

## ***EXTERNAL TRAINING Request Form -- Instructions for Completion***

This form is to be used for external training events such as seminars, conferences, etc. It should NOT be used to request access to an eLearning course on TCMHS's Virtual University, **elevateU**.

It is important to complete the request form in its entirety.

### **U FOR STAFF TO COMPLETE**

- **"PAID TIME" requested** refers to the total number of hours you are requesting the agency to pay you at your regular rate of pay.
- **Total Agency Funding Requested** is the total amount of funding you are requesting, including the cost of registration and additional expenses — **do not include "PAID TIME" in this total.**
- Please provide a brief explanation of any additional expenses for which you are seeking reimbursement (i.e., required supplies, required training materials, etc.)
- **PLEASE ATTACH YOUR COMPLETED REGISTRATION FORM.** Please indicate whether you have already registered OR if registration must accompany payment.
- Staff should retain a copy of completed registration form, training information, and this request.
- **Once the training is completed, any certificate or other verification of attendance/completion should be forwarded to Human Resources—without this certificate/letter of completion, this event will not be included in your Annual Training Log report.**

### **U FOR MANAGER TO COMPLETE**

- Please carefully review the training event information as well as the amount of funding requested. As Program/Administrative Manager, you have control over your budget, and are the decision maker as to which portions, if any, of the requested funding will be approved.
- **IF APPROVED**
  - Indicate the funding level approved for payment/reimbursement – paid in full, registration only, partial funding (provide description), paid time only
  - If there is a specific fund that should be charged, please provide detailed information
  - Sign and date the request and forward it to **THE PURCHASING MANAGER** for payment processing.
- **IF REQUEST IS DENIED**
  - Please mark the appropriate box
  - Return this request form to the requesting employee

**U PROGRAM/ADMINISTRATIVE MANAGER'S SIGNATURE REQUIRED** All requests must be approved by the appropriate Program/Administrative **Manager** (not a Team Lead, Coordinator, Supervisor, etc.)

**U APPROVED REQUESTS SHOULD BE SENT TO THE PURCHASING MANAGER** (at 1155 Lisbon St) – Be sure to include any travel arrangement needs associated with this request. **Contact the Purchasing Manager for any questions regarding registration / payment.**

Note: The Purchasing Manager will forward completed & approved requests to Accounts Payable for processing, as well as providing a copy of all requests to Human Resources for tracking.

**U AFTER THE EVENT, A COPY OF COMPLETION CERTIFICATE, STATEMENT OF CEU'S EARNED OR OTHER PROOF SUCCESSFUL COMPLETION SHOULD BE SENT TO HR FOR TRACKING.** (Please send a copy and keep original for your records)