

Request for BHR Training Registration

Name _____ Title _____

Department _____

Course Title _____

Dates of Course _____ thru _____

Will regular work hours be involved? _____ YES _____ NO _____ If yes, how many? _____

Course to be held at _____
(city) (state)

FUNDING

Registration Fee \$ _____
Other \$ _____
Total: \$ _____

Index Code _____
Other _____

Describe how this course will improve your job performance or otherwise benefit the state.

I understand that if I do not attend or successfully complete the training for a reason other than through no fault of my own, that I am responsible for reimbursing the state for any portion of this registration fee which is non-refundable.

Signature of Employee Requesting Approval

_____ Department Approved (x)

By: (name) _____ Title: _____ Date: _____

HR USE ONLY:

Registered: Confirmed: Employee Notified: Training Spreadsheet: