

**TRAINING REQUEST FORM**  
**Staff Development & Training Department**  
*Division of Human Resources*  
**PHONE: (928) 871-6691/6693**  
**FAX: (928) 871-7112**  
[www.nnstaffdevelopment.com](http://www.nnstaffdevelopment.com)

**TRF: 2016-2017**

Travel Authorizations No.

Date of Request

Applicant Telephone No.

**APPLICANT INFORMATION**

Applicant's Name		Employee AB #	Employee Status <input type="checkbox"/> Regular Full Time Employee <input type="checkbox"/> Part-time Seasonal Employee <input type="checkbox"/> 90-Day Probationary Employee <input type="checkbox"/> Temporary Employee
Classification Title		Date of Employment	
Worksite	Program & Division		

**TRAINING INFORMATION**

Title of Course/ Workshop	Location of Training	Name & Address of Vendor
Date of Training Begins _____ Ends _____	Departure & Return Departure Date _____ Time _____ Return Date _____ Time _____	
Course Objective: How will your program/ department benefit from this training?		

Cost (Enter Amount)

Registration/ Tuition	Meals	Lodging	Mileage	Air Fare	Training Materials	Other(s)	TOTAL

**SIGNATURES & APPROVALS**

Approve       Disapprove

\_\_\_\_\_  
Applicant's Signature      Date

Approve       Disapprove

\_\_\_\_\_  
Division Director/OPVP  
(Off Reservation Travel - Executive Order 02-2004)      Date

Approve       Disapprove

\_\_\_\_\_  
Authorized Supervisor's Signature      Date

\_\_\_\_\_  
Staff Development & Training Department      Date

**TRAINING RECOMMENDATION:**