

In House And Local Area Training Registration Form

- **USE THIS FORM** FOR ALL IN HOUSE DEVELOPMENTAL COURSES AND ALL LOCAL AREA COURSES.
- **DO NOT USE THIS FORM FOR OUT OF TOWN COURSES (WHEN USING AN EZ TRAVEL FORM).**
- **DO NOT USE THIS FORM** FOR REQUIRED COURSES (ES&H UPDATES, NEW EMPLOYEE ORIENTATION, REQUIRED MANAGER TRAINING, ETC.)

<p>LOCAL AREA:</p> <ul style="list-style-type: none"> • COMPLETE THIS FORM <u>AFTER</u> GETTING VERBAL APPROVAL FROM YOUR MANAGER TO ATTEND A LOCAL AREA COURSE, <u>THEN</u> REGISTER FOR THE COURSE WITH THE VENDOR. <ul style="list-style-type: none"> • FOR COURSES <u>REQUIRING A CHECK TO BE ISSUED</u>, SEND THE ORIGINAL OF THIS FORM TO DISBURSEMENTS, MS-35. SEND A COPY OF THIS FORM TO EDP, MS-31. KEEP A COPY OF THIS FORM FOR YOUR FILE. • FOR COURSES <u>PAID BY VISA</u>, KEEP THE ORIGINAL OF THIS FORM FOR YOUR OFFICIAL VISA LOG. SEND A COPY OF THIS FORM TO EDP, MS-31. KEEP A COPY OF THIS FORM FOR YOUR FILE. • COMPLETE A PETTY CASH FORM (OR REQUEST FOR CHECK IF REIMBURSEMENT IS \$50 OR MORE) TO CLAIM MILEAGE REIMBURSEMENT ON LOCAL AREA COURSES.
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<p>IN HOUSE:</p> <ul style="list-style-type: none"> • COMPLETE THIS FORM FOR <u>ALL</u> IN HOUSE DEVELOPMENTAL COURSES. FORWARD (HARD COPY OR VIA E-MAIL) TO YOUR MANAGER FOR APPROVAL. <ul style="list-style-type: none"> • IF USING HARDCOPY METHOD OF REGISTERING, SEND THE <u>APPROVED ORIGINAL</u> OF THIS FORM TO EDP, MS-31. DO NOT SEND THIS FORM TO DISBURSEMENTS. • IF REGISTERING VIA E-MAIL: <ul style="list-style-type: none"> • SEND E-MAIL TO MANAGER WITH THIS FORM ATTACHED. • MANAGER WILL OPEN THIS FORM, "SIGN" AND DATE THE FORM IN THE MANAGER SIGNATURE AREA, SAVE THIS FORM, THEN FORWARD APPROVED FORM TO THE TRAINING E-MAIL ADDRESS WITH A COPY TO EMPLOYEE.

Part 1 - Course Participant Information

Name of Course Participant:		Employee ID:
Office Phone:		Office Address:
<input type="checkbox"/> This is a requirement on my Developing Job System plan (DJS)	<input type="checkbox"/> This is a Requirement on my Individual Performance Plan (IPP)	<input type="checkbox"/> I am taking this course during non-working hours

Part 2 - Course Information

Course Title:		
Vendor/Institution:		Number of Hours:
Beginning Course Date:	Ending Course Date:	CEU's:

Part 3 - Payment Information

<input type="checkbox"/> Please issue check	<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Credit Card – Transaction Date:
Make check Payable to:		Credit Card Issued To:
Address:		
Project #:	Task #:	Percentage:
Project #:	Task #:	Percentage:
Project #:	Task #:	Percentage:
Project #:	Task #:	Percentage:
Expenditure Type: Training - Local		
Registration Fee:		

Part 4 - Approval to Attend

Manager Signature:	Date:
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THIS FORM **MUST** HAVE A MANAGER'S SIGNATURE