

# REQUEST FOR TRAINING & TRAVEL FORM - OPERATIONS DIVISION

**IMPORTANT:** Please submit all necessary paperwork at least 15 business days prior to the Early Bird Registration Cut Off Date.

**Training Information:** *Please complete entire form.*

Name of Attendee  Attendee's Cell Phone

Section/Shop  Work Phone

FOP/WO to be used:  Supervisor

Will be using a State Travel Card       Will need a cash advance       Will turn in receipts upon return

Training Title  # of Training Hours

Training Dates  Travel Dates

Training Address

Company Name  Company Phone

Contact email  Company Contact

Registration Website

Registration Cost  Early Bird Registration Cut Off Date

Website above will take you to the page about the class       Please attachment a brochure/registration form (if a website is not provided)

Means of Travel (Check all that apply)     University Vehicle     Rental Car     Other

Air - *Please provide the following:* Birth Date  Name as it appears on Driver's License

This will benefit the University by allowing the traveler to:

Additional Information  
(Example: Professional license number and expiration date)

**TRAINING APPROVAL:** *Digitally signing this form indicates you are aware of this training and/or travel.*

Director Approval

AVP Approval

**Once completed, please email this form to Planning & Training.**