

## Training and Travel Request Facilities and Planning

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

### Training / Conference Information

Topic: \_\_\_\_\_

Dates: \_\_\_\_\_ Estimated Total Costs: \_\_\_\_\_

Location: \_\_\_\_\_

### Supporting Information

- |  |     |    |
|--|-----|----|
| 1) Satisfactory performance reviews the past two years?                  | Yes | No |
| 2) Satisfactory time and attendance patterns the past two years?         | Yes | No |
| 3) Will this training support the employee's development plan?           | Yes | No |
| 4) Is this training / conference part of the current development plan?   | Yes | No |
| 5) Will this training qualify the employee for other College positions?  | Yes | No |
| 6) Will this training assist The College with succession planning?       | Yes | No |
| 7) Has the position experienced recent turn over?                        | Yes | No |
| 8) Do we have adequate candidates to hire or promote into this position? | Yes | No |
| 9) Is this position currently fully staffed?                             | Yes | No |
| 10) Would a loss of this position significantly impact The College?      | Yes | No |

### Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

### Immediate Supervisor's Recommendation

- |                                     |           |          |           |
|-------------------------------------|-----------|----------|-----------|
| a) Mandatory training:              | Yes       | No       |           |
| b) Time requirements:               | Work Time | Accruals | Voluntary |
| c) Overtime / comp time for travel: | Yes       | No       | N/A       |
| d) State vehicle for travel:        | Yes       | No       |           |
| e) Personal vehicle reimbursed:     | Yes       | No       |           |

### Signatures

Supervisor: Approved / Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Director: Approved / Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

AVP: Approved / Not Approved \_\_\_\_\_ Date: \_\_\_\_\_