

TRAINING or CONFERENCE REQUEST

INTERNAL TRAINING

CONFERENCE

Note: Requests for external training must be completed using the AgLearn SF-182 process.

NAME _____	
COURSE TITLE (Attach copy of course announcement): _____	
DATES OF TRAINING/CONFERENCE:	LENGTH OF COURSE (hours):
LOCATION:	VENDOR NAME AND ADDRESS:
ESTIMATED COST: Tuition _____ M&IE _____ Lodging _____ Transportation _____ Miscellaneous _____ Total _____	RD 2036-3 REQUEST FOR TRAVEL AUTHORIZATION OR AMENDMENT (if applicable) <input type="checkbox"/> Attached IS COURSE INCLUDED IN THE EMPLOYEES INDIVIDUAL DEVELOPMENT PLAN (IDP)? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE THE PURPOSE(S) FOR THIS COURSE AND IDENTIFY HOW IT IS JOB RELATED. _____ _____	
EMPLOYEE _____	DATE _____
I RECOMMEND <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR _____	DATE _____
I RECOMMEND <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAINING DOCUMENT NUMBER: (For State Office Use Only) _____
TRAINING COORDINATOR _____	DATE _____
FUNDS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	RO NUMBER (For State Office Use Only) Travel: _____ Tuition: _____
BUDGET TECHNICIAN / OFFICER _____	DATE _____
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE DIRECTOR / ADMINISTRATIVE PROGRAM DIRECTOR _____	DATE _____

For State Office Use Only:

Date _____	Date _____	Date _____
_____ Nomination Form Submitted	_____ Budget Technician/Officer	_____ Employee Notified
_____ Registration Form Submitted	_____ Contract Program Manager	_____ Supervisor Notified