Request Date


Trainee Division $\square$

Employee Names (not required if requestor listed above is the only trainee for this request)


Detailed Course
Description

Business Purpose (how this will benefit
your work)
$\square$ All fields are required unless otherwise noted.
Requestor Name $\square$ \# of Employees

| Dept. Manager | Approval Signatures: |
| :---: | :---: |
|  |  |
| Director |  |
| Senior Director, Business Ops |  |
| VP FACS |  |

If travel is involved, the Director of the Division must approve \& confirm the

