Facilities & Campus Services Training Request Form



Print Form

Reset Form

Request Date		Requestor Name	
Trainee Division		# of Employees	All fields are required unless otherwise noted.
Employee Names (not required if requestor listed above is the only trainee for this request)			
Type of Training:		Estimate of Co	osts: Criteria:
Trade (electrical, plumbing, Regulatory (OSHA, EPA,		Course Cost	1. Job Critical
hvac, boilers, project mgmt, etc.) regulatory, safety, etc.)			○ 2. Needed
Licenses (electrical, pesticide, arboriculture, etc. training only) Conferences (annual conferences, etc.)		Lodging & Meals	3. Professional Development
Soft Skills-IT (soft skills, Other		Plane Fare/Mileage	○ 4. Personal Development
seminars, software, etc.)		Traine rate/mileage	
Course Name		Vehicle Rental	
Course Dates		Other	Is this a requirement as indicated by your job description?
course bates		Other	○ Yes
Organization		TOTAL Course	
Location		TOTAL Travel	○ Not Sure
Detailed Course Description Business Purpose (how this will benefit your work)			
Training Budget/Cost Center (not required if using 111101)			Approval Signatures:
Training Spend Categor	y (select all that apply):	Dept. Manager	
Conferences/Workshops/Reg. Fees Licenses/Dues/Members			
Travel Budget/Cost Center (not required if using 111101)		Director	
Travel Spend Category (Hotels/Lodging	Meals while traveling Milea	Senior Director, Business Ops	
	Commercial Airfare ector of the Division must approve & co	VP FACS	