



IN-SERVICE TRAINING AUTHORIZATION

This form must be completed by staff members requesting attendance at in-service training programs or workshops.

After obtaining supervisory approval, submit to the Human Resources Office. One copy will be returned to the employee and one copy to the supervisor.

NAME _____

DATE _____

Training Program/Workshop:

Date (s) _____

Time (s) _____

Location (s) _____

Purpose _____

Supervisor

Director of Human Resources