

# TRAINING REQUEST FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Training Program Details:

Training Title: \_\_\_\_\_

Training Provider/Organization: \_\_\_\_\_

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

Training Duration: \_\_\_\_\_

## Justification for Training:

Please describe the business need, expected outcomes, and how this training supports your role and organizational goals. Include any relevant skills or knowledge to be acquired.

## Cost and Funding:

Estimated Cost of Training (USD): \_\_\_\_\_

Cost Center / Budget Code: \_\_\_\_\_

## Employee Agreement:

I understand that participation in this training is subject to management approval and agree to apply the skills and knowledge gained to my work. I acknowledge that failure to complete the training or meet attendance requirements may affect approval of future training requests.

## Manager Approval:

I have reviewed this training request and confirm that it is relevant to the employee's development and the needs of the organization. I approve the estimated costs and support the employee's participation pending funding availability.

**EMPLOYEE SIGNATURE**

**MANAGER SIGNATURE**

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

This Training Request Form constitutes a formal document between employee and employer. Approvals granted are subject to applicable company policies and funding availability. All information must be accurate and truthful. Submission of this form constitutes employee's agreement to comply with training attendance and completion requirements. Failure to do so may impact eligibility for future training opportunities and may be subject to disciplinary action in accordance with company policy and applicable United States law.

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