

# Training Request



**Employee** \_\_\_\_\_ **Team** \_\_\_\_\_ **Date of request** \_\_\_\_\_

**Title of training** \_\_\_\_\_

**Date & time of training** \_\_\_\_\_ **Location** \_\_\_\_\_

Describe the purpose and content of the training and how it supports current career development goals and objectives. If it is a conference, attached a conference schedule and identify the specific sessions you wish to attend.

**Training will not be approved without pamphlet or link at the time of request.**

Which source will you provide?:  Pamphlet  Link \_\_\_\_\_

	Unit Cost	Units	Total
Enrollment/Fees			
Mileage			
Other			
<b>Total cost of the training</b>			

	Total
Duration of the training	
Travel time	
<b>Total requested paid time for the training</b>	

By signing this request, I agree to refund the entire amount of the educational expenses provided to me if I voluntarily terminate employment with Accend Services prior to completing the course.

By signing this request, I agree to refund the entire amount of educational expenses provided to me if I am unable to attend or complete this course due to what the company considers extenuating circumstances. I am aware that this policy may be waived at the discretion of the agency.

**Employee signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Clinical lead endorsement** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval** \_\_\_\_\_ **Date** \_\_\_\_\_