Clear Form

# TRAINING REQUEST FORM
## TRAINING NEEDS
## Oklahoma NRCS Technical Courses

EMPLOYEE NAME: _____
(Please type or print)

EMPLOYEE TITLE: _____

EMPLOYEE LOCATION: _____

ICAMS ID: _____

| OK-ENG-002 | Irrigation and Water Management Planning |
|---|---|
| Course Number | Course Title |

**Instructions**:
Employee should print out this page.

- -- Fill in Name, Title, Location, and ICAMS ID (this data may be entered prior to printing.)
- -- Please list only one course per form.
- -- Sign and send to immediate supervisor for approval and forwarding to the appropriate SLT Member.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

_____
Supervisor's Title

_____ _____
State Leadership Team Member Signature Date

_____
SLT Member's Title

After all signatures are secured, forward a hard copy to the ECS Secretary, NRCS State Office, Stillwater, Oklahoma.