

TRAINING REQUEST FORM
TRAINING NEEDS
Oklahoma NRCS Technical Courses

EMPLOYEE NAME: _____
(Please type or print)

EMPLOYEE TITLE: _____

EMPLOYEE LOCATION: _____

ICAMS ID: _____

Course Number	Course Title
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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
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_____ Supervisor Signature	_____ Date
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Supervisor's Title

_____ State Leadership Team Member Signature	_____ Date
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SLT Member's Title

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