

IDENTIFIED TRAINING NEEDS OUTSIDE CORE CURRICULUM

Description of need: (one training need per page)

Description of conditions that created training need:

Suggested method of meeting need: (formal training, etc.)

Employee Name:

Total Costs Other Than Travel (registration, books, etc.) _____

Total Travel Cost: _____

(Include all travel cost – authorization fee, hotel, plane, etc.)

Requested By: _____
Employee

Date: _____

Recommended By: _____
Supervisor

Date: _____

Approved By: _____
Leadership Team Member

Date: _____

Approved By: _____
ASTC(M&S)/Training Officer

Date: _____

Please provide a signed copy of this form to the Training Officer.