Employee Training Requisition Form

[Date & Day]

**Employee Information**

|  |  |  |
| --- | --- | --- |
| Name | Email | Office Location & Hours |
| **[Employee Name]** | [Email address] | [Location, Hours, Days] |
| Job Title | Department | Phone |
| **[Job Title]** | [Department] | [Phone] |

# Name of Training Program

## Description

To replace any placeholder text (such as [Course Name] above), just click it and type.

## Expectations and Goals

Start writing here. On the Design tab of the ribbon, check out the Themes, Colors, and Fonts galleries to preview options right in your document and then click to apply one you like.

|  |  |
| --- | --- |
| Expected no. of days to be off? | [No. of Days] |
| Employee Signature: | **[DATE]** |

# To be completed by Supervisor/Manager

| Eligibility of Employee | | Approximate Cost $ | |
| --- | --- | --- | --- |
| YES |  | Transportation | [AMOUNT $] |
| NO |  | Lodging | [AMOUNT $] |
| NOTE: |  | Meals | [AMOUNT $] |
|  |  | Other Expenses | [AMOUNT $] |
|  |  | TOTAL | [AMOUNT $] |
| Supervisor/Manager Signature: | | [DATE] |  |

# To be completed by Director and/or Designee

| Approved? | Disapproved? |
| --- | --- |
| Reason if not approved: | |
|  |  |
|  |  |
| Signature: | [DATE] |

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