

REQUEST FORM EMPLOYEE EDUCATIONAL AND DEVELOPMENT ACTIVITIES

Please complete form and submit to your supervisor for consideration and response.
The completed form is retained by the department.

Employee Name & Job Title _____

Email: _____ Phone _____

Department: _____ Supervisor: _____

Workshop, Training or Development opportunity information

Workshop Training Other

Title _____

Company Offering Training _____ Location: _____

Dates: Beginning Date _____ Ending Date _____ Time _____ to _____

Is the activity during scheduled work hours? Yes No Cost? _____

Total Release Hours ____ (include travel to and from the educational and/or development activity)

Attach a copy of the announcement, flier or registration form

Nature of the request

This request is work related.

How is this training work related? _____

My supervisor recommended that I attend.

Is this educational and/or development activity available from the University of Oregon?

Employee Signature

Date

<p>Request Approved</p> <p>Request Approved with stipulations in comment</p> <p>Request Denied (Reason in comments)</p> <hr/> <p>Expenses: Index number for identified costs: _____</p>	<p>Supervisor's Comments:</p> <p>_____ Supervisor's Signature</p> <p style="text-align: right;">_____ Date</p>
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