



PAID STAFF TRAINING OPPORTUNITY REQUEST

Version: 7/2024

Employee name: _____ Supervisor name: _____
Date request submitted: _____ Registration cost: _____
Location of training: _____ Date of training: _____
Registration deadline: _____ Early registration deadline, if applicable: _____
Name of training/conference: _____

Is the training needed to maintain a required license or membership?

What specific situation, challenge, or need is prompting this request?

Does this course qualify for CEUs? If so, how many credits are available?

How many employees other than yourself will derive a benefit from this training?

Is this training available through other resources or in another format that is more cost efficient?

How does this training increase your ability to meet job requirements or increase efficiency and productivity?

How does this training help with implementation of DSPD's strategic plan?

Approved: _____ Denied: _____

Approved cost: _____

Supervisor signature: _____