

HR Training Fund Request

Name _____ Date _____

Job Title _____ Department _____

Supervisor _____

Amount Requested: _____

Date(s) of Training _____

Explain how the training will help you in your SCSU position:

Return to Human Resources, AS204
Attach copy of training brochure, if applicable.

Amount approved by HR: \$ _____
HR Signature: _____ Date: _____