

APPLICANT AND SUPERVISOR TO COMPLETE (PRINT OR TYPE) TRAINING REQUEST AND SUBMIT TRAINING REQUEST WITH COURSE/PROGRAM INFORMATION (i.e., BROCHURE) TO THE UNIT TRAINING COORDINATOR.

NAME OF APPLICANT		COURSE / PROGRAM TITLE	COURSE NUMBER
BRANCH	UNIT	CONDUCTED BY (AGENCY, COMPANY, SCHOOL)	
STATE SERVICE CLASSIFICATION	CONTACT NUMBER	LOCATION WHERE TRAINING WILL BE HELD	
NON-REPRESENTED OR COLLECTIVE BARGAINING DESIGNATION		<input type="checkbox"/> IN-SERVICE	<input type="checkbox"/> OUT-SERVICE
<input type="checkbox"/> MANAGER / EXEMPT	<input type="checkbox"/> CONFIDENTIAL	DATE(S) SCHEDULED	TOTAL NUMBER OF TRAINING HOURS
<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> RANK AND FILE-- UNIT #	REGISTRATION FEE \$	
PERSONNEL NUMBER (PERNR)*		REASONABLE ACCOMMODATIONS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAINING CATEGORY AND JUSTIFICATION

Justification must be completed by the unit Supervisor and Training Category identified as defined below:

Mark "X" in **ONE BOX ONLY**

- JOB REQUIRED - Needed to assure adequate performance in a current assignment.
- JOB RELATED - Designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment.
- CAREER RELATED - Will assist in the development of career potential and is intended to help provide an opportunity for self-development and achievement of the Department's or State's mission.
- UPWARD MOBILITY - Provides career movement opportunity for employees within classifications or job categories designated by the Department as upward mobility classifications.

Provide information to justify training category selected above. Refer to DOM section 32010.5

SIGNATURE OF FIRST LINE SUPERVISOR	DATE	FOR TRAINING MANAGER/COORDINATOR USE			
SIGNATURE OF SECOND LINE SUPERVISOR	DATE	BILLING CODE #	INDEX #	PCA #	
SIGNATURE OF CONTACT PERSON	DATE SUBMITTED TO TRAINING COORDINATOR	NOTES:			
PHONE NUMBER OF CONTACT PERSON		DATE			
*Providing your Personnel Number is required. This information is used for tracking/training history.		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE OF TRAINING MANAGER/COORDINATOR		