

UNIVERSITY OF HAWAI'I
TRAINING REQUEST FORM

(Check one)

TYPE OF COURSE: ___DHRD-SPONSORED ___OHR-SPONSORED ___OTHER TRAINING
(Attach Course Description)

Course Information:

Title _____ Course Date/Time _____

Provider _____ Course Code/Session No. _____
(DHRD-Sponsored Training Only)

Provider's Address _____ Training Location _____

Contact Person Information: _____ Purchase Order No. _____

Name/Department/Phone No./E-mail Address: _____

List of Participant(s): (attach separate sheet if needed)

Name (Last, First, MI)	Soc.Sec.No. (To Be Completed for DHRD-Sponsored Training Only)	Official Title	Division/Section	Phone
1.				
2.				
3.				

Cost to Department:

Item	Program Cost (Registration/ Tuition Fee)	Per Diem	Air Transportation	Ground Transportation	Justify and List Other Expenses	Total
Per Participant						
Total						

Note: If travel is involved, appropriate travel documents should be completed in accordance with A8.851.

State reason(s) training is essential for participant(s):

Signature of Supervisor: _____ Title: _____

Print Name of Supervisor: _____ Date: _____

Signature of Official Designee: _____ Title: _____

Print Name of Official Designee: _____ Date: _____

- I have determined that this training is appropriate for the participant(s) listed above, in accordance with A9.160. Therefore, this request is approved for _____ person(s).
- This request is disapproved for the following reason(s):
- Training is not required by Federal and/or State law(s) nor is it directly related to the participant's job so as to increase effectiveness, knowledge, proficiency, skill and qualification, or to prepare for future assignments.
 - Comparable training is available from (circle one) DHRD/OHR at same or lesser cost.
 - Employees whose employment is less than half-time and/or employed three months or less are not eligible to attend training.
 - Training request was submitted late without appropriate justification.