



Spokane County Head Start /ECEAP/EHS TRAINING/TRAVEL REQUEST - STAFF

Complete the training request form at least **THREE WEEKS PRIOR TO THE REGISTRATION DEADLINE** published by the training brochure. **If turned in past the deadline the request may be denied.**

THIS FORM MUST BE FILLED IN COMPLETELY

Full-time staff Part-time staff Empl ID.

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Name _____ Job title _____

Site and supervisor _____ Mail stop _____

Name of approved training/meeting _____
(must attach completed registration form or meeting agenda)

Location _____ Registration fee _____

Reservation deadline _____

Date(s) and time(s) _____

COMPLETE THIS SECTION ONLY IF TRAVELING BY AIR

Full name as it appears on driver's license _____ Date of birth _____

In accordance with Board of Trustees procedure, travel arrangements will be as economical as possible. Staff are responsible for excess cost and additional expenses for personal preference or convenience. This includes but is not limited to:

- a. Mode of transportation based on destination (driving or flying with direct or indirect flights);
- b. Sharing hotel rooms

If flying: Rental car needed (when no shuttle services available)
 One checked bag – I understand that I am responsible for any additional baggage fees, such as overweight bags or multiple bags.

If driving, check your preference: Private car Rental

I will drive my own car or ride with others and will not need a rental car. I understand my mileage will not be reimbursed, if riding with others.

I need to leave: Early Late **State reason:** _____

I need to return: Early Late **State reason:** _____

Hotel Request: _____

I have made arrangements to stay with people outside of this program, so I don't need room arrangements.

I understand a room assignment will be made for me unless I specify who I want to room with now.

Roommate _____

- Require single room (check one that applies):
- Agency pays—I am working/presenting at the training.
 - Agency pays—only male/female going.
 - Agency pays—medical necessity. Documentation attached.
 - I am willing to pay any additional costs.

Please attach all training info including: dates, times, locations, agenda and meals that will be provided.

Please read these statements and check that you understand:

I understand that the cost of per diem for food for training of less than 72 hours will be reimbursed after the training.

I understand that when in travel status less than 11.5 hours, meals will not be reimbursed.

Staff Signature _____ Date _____

Submitted to Supervisor

SUPERVISOR APPROVAL

After completion send to appropriate senior manager at MS 1055

STEP 1

The employee's work is current: Yes No - If more than one person requesting per site, priority rating: _____

How will the training session support the employee's individual training and development plan?

Justification for out-of-town travel:

Supervisor Signature _____ Date _____

Submitted to Senior Manager

ADMINISTRATIVE APPROVAL

STEP 2

Senior manager approval: Yes No

Signature _____ Date _____

Submitted for training approval

If no, reason: _____

Date notification sent to supervisor if denied _____

STEP 3

Training budget approval: Yes No

Signature _____ Date _____

Submitted for budget coding

If no, reason: _____

Date notification sent to supervisor if denied _____

STEP 4

Budget number(s) _____

Fiscal Specialist Initials