MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

REQUEST TO ATTEND STAFF DEVELOPMENT COURSE, WORKSHOP, OR SEMINAR

Date of Request: ________________________________

Name: _______________________________________

Division/Office: _______________________________

Location: _____________________________________

Position: _____________________________________

Title of Course, Workshop, Seminar: _______________________________________

(Attach a copy of schedule, brochure, agenda, etc.)

Date: _________________________________________

(Beginning and ending dates)

Location of Course, Workshop, or Seminar: _____________________________________

Cost: _________________________________________

Brief Description of Training Event and its Relevance to Your Job:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Employee: ________________________________

Recommendation:

[ ] Approve [ ] Disapprove

Immediate Supervisor ______________________ Date

[ ] Approve [ ] Disapprove

Division Director/Designee ______________________ Date

If disapproved, rationale: _____________________________________________________

__________________________________________________________________________

*If traveling out-of-state, and Out-of-State Travel Request Form must be completed also.

June 15, 2019 | Policy 9 In-Service Training | Attachment A