

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 it's 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.**