

**APPLICATION FOR APPROVAL
CONTINUING EDUCATION (CONFERENCES, TRAINING COURSES, ETC)**

DATE OF APPLICATION

NAME OF EMPLOYEE

TITLE

I wish to attend the following continuing education EVENT and request that the City pay/reimburse the costs as follows: * Detailed Event/Course Literature must be attached to Application*****

DATE(S) OF EVENT _____ EVENT TITLE _____

LOCATION _____ SPONSOR _____

PURPOSE: _____

I acknowledge that by attending this event I will be spending/or have spent the following:

COST OF CONFERENCE/EVENT: \$ _____

ACCOUNT TO BE CHARGED: PERSONNEL OR
 ORG/OB: _____

PLEASE INDICATE IF A CHECK IS NEEDED BY A PARTICULAR DATE TO RESERVE/BOOK YOUR EVENT:

YES NO

DATE: _____ I WILL BE: ___ TAKING CHECK WITH ME TO EVENT ___ MAILING CHECK

DOES REGISTRATION PAPERWORK NEED TO BE SENT WITH THE PHYSICAL CHECK? YES NO

CHECK(S) MADE PAYABLE TO: _____

ADDRESS: _____

VENDOR # / REMIT: _____

EMPLOYEE SIGNATURE

APPROVAL: DEPARTMENT HEAD SIGNATURE
(Only signed if Employee is not the department head)

The attendance of this continuing education event is authorized for this employee, subject to availability of funds:

PERSONNEL DIRECTOR

DATE

COMMENTS: _____