

**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:

Name/Department/Phone No./Fax No./E-Mail Address: _____

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

Name (Last, First, MI)	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: _____ **Date:** _____

Print Name of Supervisor: _____ **Title:** _____

Signature of Official Designee: _____ **Date:** _____

Print Name of Official Designee: _____ **Title:** _____

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.