

**UNIVERSITY OF HAWAI'I
TRAINING REQUEST FORM**

(Check one)

TYPE OF COURSE: OHR-SPONSORED _____ OTHER TRAINING _____ *(Attach Course Description)*

COURSE INFORMATION:

Title _____ Course Date/Time _____

Provider _____ Fee (\$): _____

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.			

State reason(s) training is essential for participant(s):

Signature of Supervisor: _____ **Date:** _____

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

I have determined that this training is appropriate for the participant(s) listed above.

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/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.

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

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