



**IN-SERVICE TRAINING AUTHORIZATION**

This form must be completed by staff members requesting attendance at in-service training programs or workshops.

After obtaining supervisory approval, submit to the Human Resources Office. One copy will be returned to the employee and one copy to the supervisor.

**NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Training Program/Workshop:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date (s)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Time (s)** \_\_\_\_\_

**Location (s)** \_\_\_\_\_

**Purpose** \_\_\_\_\_

\_\_\_\_\_

**Supervisor**

\_\_\_\_\_

**Director of Human Resources**