



# CITY OF QUESNEL

## Training Request/Record Form

### Part 1: Request for Training

Employee Name:		Date of Request:
Position Title:	Department:	
Name of Training Program/Course/Seminar/Conference		
Have you attended before? If so, indicate last date attended.		
Location/Institution:		
Description of Training Program/Course/Seminar/Conference:		
Mandatory <input type="checkbox"/>	Best Practices <input type="checkbox"/>	
<p><b>Mandatory training requests</b> - required training for position, maintain professional certification, etc. Manager can approve and forward signed copy to Human Resources Dept.</p> <p><b>Best Practices requests</b> professional development and training recognized as an asset to the organization but is not mandatory for the employees' position. Must be forwarded to Human Resources Dept. for committee consideration and approval.</p>		
Start Date (Month/Day/Year):    /    /		
End Date (Month/Day/Year):    /    /		
Approximate Cost of Program/Travel: \$		
<p><b>Comments</b> – Please state why you believe that this particular program will prove beneficial to both you and the organization.</p>		

Manager: \_\_\_\_\_ Approved: Yes or No Date: \_\_\_\_\_

Manager comments: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Overall Justification: \_\_\_\_\_

## Part 2: Record of Training

*The following form is to be completed by Employee once training is concluded*

Date:	Name of Training Program/Course/Seminar/Conference:	
Actual Cost of Training:	Actual Cost of Travel/Misc.:	Total Actual Training Cost:
Were there recertification or professional requirements fulfilled? If so, please describe.		
<b>Outcomes of training:</b>  Was the information relevant and useful?  What was the most significant thing you learned?  What do you see as the main strength of the training?  How will this training provide value to you and the organization? <i>Provide detail</i>		

### Manager's Signoff:

Manager Name: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

---

---