



# Harford County Health Department Training Request Form

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Training Date(s): \_\_\_\_\_

Seminar/Conference Title: \_\_\_\_\_

Training Provider/Sponsoring Organization: \_\_\_\_\_

PCA#: \_\_\_\_\_

### Attach all training documentation to this form.

Internal Training (includes DHMH, DBM, other state agencies)  External Training

In-State  Out-of-State (Requires an additional form which may be requested from HR.)

No Cost

	Cost
Registration Cost	
Estimated Travel and Lodging (Attach printout of preferred hotel information and/or airfare)	
<b>TOTAL COST</b>	

License/Certification CEUs. \_\_\_\_\_ # of CEU's

Justify training request or describe duties directly related to request: \_\_\_\_\_  
\_\_\_\_\_

I certify that the information given on this request form is correct and request approval:

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Division Director/Supervisor Signature Date

\_\_\_\_\_  
Health Officer/ Designee Appointing Authority Date

\_\_\_\_\_  
Fiscal Representative Date

### UPON COMPLETION OF TRAINING

**Employee Acknowledgement: I have completed the above training and have attached applicable completion documents, i.e. certificate of completion, CEU's, etc).**

\_\_\_\_\_  
Employee Signature Date