



## EXTERNAL TRAINING AUTHORIZATION & REGISTRATION

### Part I: Employee Information

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
SSN (last four) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Office/Dept./Dist. \_\_\_\_\_  
Email \_\_\_\_\_

### Part II: External Training (KTC, ITT, NHI, etc.)

Required  Elective

Training Location \_\_\_\_\_ Date \_\_\_\_\_  
Training Title \_\_\_\_\_ Time \_\_\_\_\_

Training Event- Describe the event as stated in the training provider's catalog, pamphlet, leaflet, etc.

Training Event Relevance- Justify participation in this training event by stating the expected benefit to yourself, the Cabinet, and those whom the Cabinet serves.

Viable Vendors \_\_\_\_\_  
Preferred Vendor (justify sole-source vendor) \_\_\_\_\_  
Funding Source \_\_\_\_\_

If costs are to be incurred, please provide Estimated Costs below:

Registration \_\_\_\_\_ Lodging \_\_\_\_\_ Vehicle Mileage \_\_\_\_\_ Per Diem \_\_\_\_\_

### Part III: Signatures

I authorize my employer to use discretion in deducting from my pay any sum (up to 100%) paid for me to attend this training should 1) my application contain any falsification; 2) I not provide evidence of successful completion to my employer within 10 work days from completion; 3) my employment be terminated (voluntarily or involuntarily) prior to completion; 4) I withdraw from training (regardless of cause) without prior approval from my office or department head. Further, I authorize the training provider to give my employer a copy of my performance (grade) report.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor

I approve this training request and certify that office/department funds are available for costs of this training (if this training does not meet the requirements of other Cabinet training funding sources) and for travel-related costs

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Office/Dept./Dist. Head