

Request for Classified Staff Training Funds

Highline College

To be completed by employee

Employee Name _____ Date _____

Job Title _____ Campus Ext. _____

Permanent ☐ Probationary (six months or less) ☐

Title of Activity _____ Location _____

Date(s) and Time(s) _____

[Please attach any relevant information on the event; course brochures, class description from catalog, etc]

Total Training Funds Requested \$ _____

Tuition/Fees \$ _____ Books \$ _____ Supplies \$ _____ Other \$ _____

The above activity will help me to improve my specific job in the following ways _____

Other options considered _____

Employee Signature _____ Date _____

To be completed by applicant's supervisor

Approved _____ Not Approved _____

In what way will this training directly support this employee's specific job duties? _____

Reason for denial _____

Supervisor/Administrator Signature _____ Date _____

To be completed by Classified Staff Training Committee

Not approved and reasons for denial _____

Comments _____

Member Signatures	
_____	_____
_____	_____
_____	_____