



# Spokane County Head Start /ECEAP/EHS TRAINING/TRAVEL REQUEST - STAFF

Complete the training request form at least **THREE WEEKS PRIOR TO THE REGISTRATION DEADLINE** published by the training brochure. **If turned in past the deadline the request may be denied.**

**THIS FORM MUST BE FILLED IN COMPLETELY**

Full-time staff     Part-time staff    Empl ID. 

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Name \_\_\_\_\_ Job title \_\_\_\_\_

Site and supervisor \_\_\_\_\_ Mail stop \_\_\_\_\_

Name of approved training/meeting \_\_\_\_\_  
*(must attach completed registration form or meeting agenda)*

Location \_\_\_\_\_ Registration fee \_\_\_\_\_

Reservation deadline \_\_\_\_\_

Date of training and time of departure \_\_\_\_\_ Date / time of return \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF TRAVELING BY AIR**

Full name as it appears on driver's license \_\_\_\_\_ Date of birth \_\_\_\_\_

In accordance with Board of Trustees procedure, travel arrangements will be as economical as possible. Staff are responsible for excess cost and additional expenses for personal preference or convenience. This includes but is not limited to:

- a. Mode of transportation based on destination (driving or flying with direct or indirect flights);
- b. Sharing hotel rooms

**If flying:**     Rental car needed (when no shuttle services available)  
                   One checked bag – I understand that I am responsible for any additional baggage fees, such as overweight bags or multiple bags.

**If driving, check your preference:**     Private car     Rental

I will drive my own car or ride with others and will not need a rental car. I understand my mileage will not be reimbursed, if riding with others.

I need to leave:     Early     Late    **State reason:** \_\_\_\_\_

I need to return:     Early     Late    **State reason:** \_\_\_\_\_

Hotel Request: \_\_\_\_\_

I have made arrangements to stay with people outside of this program, so I don't need room arrangements.

I understand a room assignment will be made for me unless I specify who I want to room with now.

**Roommate** \_\_\_\_\_

- Require single room (check one that applies):
- Agency pays—I am working/presenting at the training.
  - Agency pays—only male/female going.
  - Agency pays—medical necessity. Documentation attached.
  - I am willing to pay any additional costs.

Please attach all training info including: dates, times, locations, agenda and meals that will be provided.

**Please read these statements and check that you understand:**

I understand that the cost of per diem for food for training of less than 72 hours will be reimbursed after the training.

I understand that when in travel status less than 11.5 hours, meals will not be reimbursed.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted to Supervisor

**SUPERVISOR APPROVAL**

**After completion send to appropriate senior manager at MS 1055**

**STEP 1**

The employee's work is current:  Yes  No - If more than one person requesting per site, priority rating: \_\_\_\_\_

How will the training session support the employee's individual training and development plan?

Justification for out-of-town travel:

\_\_\_\_\_

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

Submitted to Senior Manager

**ADMINISTRATIVE APPROVAL**

**STEP 2**

**Senior manager approval:**  Yes  No

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

Submitted for training approval

If no, reason: \_\_\_\_\_

Date notification sent to supervisor if denied \_\_\_\_\_

**STEP 3**

**Training budget approval:**  Yes  No

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

Submitted for budget coding

If no, reason: \_\_\_\_\_

Date notification sent to supervisor if denied \_\_\_\_\_

**STEP 4**

Budget number(s) \_\_\_\_\_

\_\_\_\_\_ Fiscal Specialist Initials

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**STEP 5**

Has government per diem rate been obtained for the room request?  Yes  No

If no, explain why: \_\_\_\_\_

Travel arrangements made by: \_\_\_\_\_ Date: \_\_\_\_\_