

TRAINING REQUEST FORM
Staff Development & Training Department
Division of Human Resources
PHONE: (928) 871-6691/6693
FAX: (928) 871-7112
<http://www.nnstaffdevelopment.navajo-nsn.gov>

TRF: 201; -2042

Travel Authorizations No.
Date of Request
Applicant Telephone No.
Contact Person's Telephone No. (Dept. TRF Pickups)

APPLICANT INFORMATION

Applicant's Name		Employee AB #	Employee Status <input type="checkbox"/> FY[i 'UF: i 'H]a Y'9a d'cnYY' <input type="checkbox"/> DUfH H]a Y'GYUgcbU'9a d'cnYY'' <input type="checkbox"/> - \$!8UmDfcVU]hcbUfm9a d'cnYY' <input type="checkbox"/> HYa dcfUfm9a d'cnYY'
Classification Title		Date of Employment	
Worksite City and State	Program & Division		

TRAINING INFORMATION

Title of Course/ Workshop	Location of Training	Name & Address of Vendor
Date of Training Begins _____ Ends _____	Departure & Return Departure Date _____ Time _____ Return Date _____ Time _____	
Course Objective: How will your program/ department benefit from this training? 		

Cost (Enter Amount)

Registration/ Tuition	Meals	Lodging	Mileage	Air Fare	Training Materials	Other(s)	TOTAL
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SIGNATURES & APPROVALS

Approve Disapprove

Applicant's Signature Date

Division Director/OPVP Date

(Off Reservation Travel - Executive Order 02-2004)

If Division Director/OPVP Chief of Staff is also Supervisor;
they do NOT need to sign on Authorized Supervisor's Signature.

Approve Disapprove

Approve Disapprove

Authorized Supervisor's Signature Date

Staff Development & Training Department Date

TRAINING RECOMMENDATION: