

**UNIVERSITY OF HAWAI'I
TRAINING REQUEST FORM**

(Check one)

TYPE OF COURSE: OHR-SPONSORED _____ OTHER TRAINING _____ *(Attach Course Description)*

COURSE INFORMATION:

Title _____ Course Date/Time _____

Provider _____ Fee (\$): _____

Provider's Address _____ Training Location _____

CONTACT PERSON INFORMATION:

Name/Department/Phone No./Fax No./E-Mail Address: _____

List of Participant(s):(attach separate sheet if needed)

Name (Last, First, MI)	Official Title	Division/Section	Phone
1.			
2.			
3.			

State reason(s) training is essential for participant(s):

Signature of Supervisor: _____ Date: _____

Print Name of Supervisor: _____ Title: _____

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- I have determined that this training is appropriate for the participant(s) listed above.
 - This request is disapproved for the following reason(s):
 - Training is not required by Federal and/or State law(s) nor is it directly related to the participant's job so as to increase effectiveness, knowledge, proficiency, skill and qualification, or to prepare for future assignments.
 - Comparable training is available from (circle one) DHRD/OHR at same/lesser cost.
 - Employees whose employment is less than half-time and/or employed three months or less are not eligible to attend training.
 - Training request was submitted late without appropriate justification.

Signature of Official Designee: _____ Date: _____

Print Name of Official Designee: _____ Title: _____