TRAINING REQUEST FORM

Training Request From: _____ **Date:** _____

Request Permission To Attend:

Course Name: _____

Location: _____ **Date:** _____ **Hours:** _____

Hours Government CPE Credits: _____ Department Cost _____

Hours Non-Government CPE Credits: _____ Employee Cost _____

Sponsored By: _____ CPE Activity Code: 5

Approved By: _____ Date: _____

City Auditor/Deputy City Auditor

Type Of CPE Activity
1. Student/Participant (classroom presentation, etc.)
2. Self-paced Individual Instruction
3. Presenter (professional meeting, conference, etc.)
4. Instructor (Classroom training)
5. Author (published work)