

Training Activity Application

Rev: April 25, 2016

Name of Employee:

Date:

Please identify the nature of the training activity and how it supports your overall career development plan. Include brochures, course descriptions, and other documents as necessary.

Name of Supervisor:

Please review the above description of the training activity and describe the degree to which it supports the employee's career development plan.

Based upon my review, the proposed training activity is:

- Approved**
- Not Approved**

If not approved, please offer alternative suggestions for the staff member to achieve his/her training activities.

Supervisor's Signature: _____ Date: _____