**Training Request Form – Agency Training/Learning Matters Training**

Staff Name:       Title:

Program Name:       Date:

1. Name of Training Listed on the Annual Agency Training schedule:
2. Name of Learning Matters Training:

Date:       Location:

1. If no training is listed in the Agency Training Plan, please identify the training need and the training department will research the needed area.

Supervisor Signature:       Date:

Director Approval:       Date:

Received by:

Staff Development Specialist

Date

Created 4/13/15

Revised 8/12/15