

PLATTE CANYON WATER & SANITATION DISTRICT

Training Authorization Form

Employee Name(s): _____

Date: _____

Type of Activity*: _____ Conference _____ Workshop/Seminar _____ Training Event _____ Other

If "Other" is selected, provide details: _____

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Name and Dates of Activity: _____

Location** : _____

Time of Activity: _____

Cost per Employee: _____

Total Cost of Activity: _____

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Purpose of Activity:

Name of Person Submitting Form

Signature of Person Submitting Form

Training Coordinator Approval: _____

Date: _____

Accounting Use Only: Payable To: _____

Date Needed: _____

SUBMIT THIS COMPLETED FORM TO THE TRAINING COORDINATOR

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* Registration form and applicable course or activity description must accompany this request.

** If travel is required, a Travel Approval Cost Estimate form must accompany this request.