**UPSHUR HUMAN RESOURCES, INC.**

**REQUEST AND AUTHORIZATION FOR TRAINING**

**AND TRAVEL (OUT-OF-TOWN)**

Employee Name Date

Position

Name of Training Course, Seminar or School Address:

Where will training take place if other than above address:

Dates and time of training:

Total amount of hours or days in training: hours days

Purpose of training:

Registration Cost $ Meals $

Supplies $ Travel $ Lodging $

Other $ Total Cost $

Degree, Certificate, Diploma Given:

Grade (Must have a passing grade)

(Employee’s Signature) (Date)

(Approved By) (Date)

(Director’s Approval) (Date)

Revised January 11, 2008