

TO BE COMPLETED BY THE EMPLOYEE

Name: _____ Position: _____
 Training Requested: _____
 Location of Training: _____
 Sponsor/Presenter: _____
 Dates of Training: _____ Registration Deadline: _____

	Cost	Support Document	Office Use
Registration/Tuition			
Lodging Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Hotel Name: _____ Total: _____		
Meals Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Diem: _____		
Agency Vehicle <input type="checkbox"/>			
Airfare <input type="checkbox"/>	Airline: _____ Total: _____		
Other (Shuttle, Taxi) <input type="checkbox"/>			

TO BE COMPLETED BY MANAGER/DIRECTOR:

Supporting documents included and training approved: Yes No
 Date Training Request Received: _____
 Program Manger/Director Signature: _____
***No supervisor signature will delay the training request process**

TO BE COMPLETED BY THE TRAINING COMMITTEE:

Training Approved: _____ Amount Approved: _____
 Signature: _____

When applying for training funds please submit registration (if applicable) with the training request to expedite the process.
Education/Training Agreement

In consideration of receiving the training advance, I voluntarily authorize Umatilla-Morrow Head Start, Inc. to withhold from my pay check the advance amount if I do not attend or fail to receive a grade of a C or better. **In addition, it is expected that staff will turn in grades received from the college attended no later than two weeks after the class has ended. Failure to do so will result in a deduction of the cost of the class at the next pay period. Failure of continued employment for 12 months after attending the training will result in the employee paying back to UMCHS the cost of the training.**

Education staff pursuing AA or BA degrees that accepts Head Start/Early Head Start or Oregon Prekindergarten training funds will be required to teach or work for a minimum of 3 years after receiving the degree. If you leave prior to this commitment being fulfilled, you will be required to repay the prorated amount of the financial assistance received based on the length of service completed after receiving the degree. (Head Start Act 2007, Section 648 A Staff Qualifications and Development)

This voluntary deduction will be made at the pay period following the conclusion of the training.

In signing this agreement, if college credit courses are taken, we reserve the right to obtain final grades.

 Employee Name

 Date

(OVER)

1. Please provide details on how this training fits with your growth and improvement plan and or staff development plan.

2. For staff person signing this training request, please provide a supporting statement on request approval/denial.

3. Please provide reflection of training and how the information learned will help you grow professionally. This statement must be presented at time of reconciling your travel advance.