Tompkins County-Request for Funding Form: Conference/Seminar/Training

| Employee Name: | Department:Email: | |
|---|---|--|
| Position Title: | | |
| Date: | Telephone: | |
| Instructions: Please complete the applicable portions of t | this form and return to the Personnel Department upon completion. | |
| Title Conference/Seminar/Training: | | |
| Name of Organization: | Location: | |
| Start Date/End Date: | Date Approval Needed: | |
| Please submit this funding request form as early as poss | ible | |
| Description: (Attach description or brochure as is appro | priate.) | |
| | | |
| Is the conference/seminar/training job related? If so, bu | riefly summarize. | |
| Please describe how your attendance will benefit the or | ganization and/or improve your knowledge and skills. | |
| Please briefly describe the basis of your need for this rea | quest for funding. | |

Expense Itemization (Registration Fees)

| Conference Fe | e Seminar F | ee | Training Fee |
|---------------|-------------|----|--------------|
| \$ | \$ | \$ | |

Travel Expenses (estimate)

| Transportation (Air/Car) | Lodging | Meals | Other |
|--------------------------|---------|-------|-------|
| \$ | \$ | \$ | \$ |

CONFERENCE, SEMINAR, OR TRAINING CONFIRMATION OF ATTENDANCE:

I will submit confirmation of my attendance to the Personnel Office within 2 weeks after completion, as well as any certificates or other documents for inclusion in my Personnel File "training profile".

Employee Signature:

Date:

MANAGEMENT APPROVAL: Approval is required prior to registration for the conference/seminar/training.

| Department Manager: | Date: |
|---|-------|
| Personnel Department: | Date: |
| Committee Recommendation: (if required) | Date: |