K-State Student Union
TRAINING REQUEST FORM

Date: _____

Requesting employee name: _____

Name of training: _____

Type of training (webinar/conference/seminar/etc.): _____

The training will benefit the Union and me in the following ways: _____

_____

_____

_____

_____

Training destination: _____ Training date(s): _____

Transportation mode(s): _____ Estimated transportation cost: $_____

Type of lodging: _____ Estimated lodging cost: $_____

Registration fee: $_____ Estimated cost of meals not covered in registration fee: _____

Incidental expenses (parking fees, tolls, etc.): _____

Have you attended this (or a similar) conference before? No ☐ Yes ☐ If so, year: _____

Is alternative training available through localized resources (such as K-State, Union HR, EAP, web-based, etc.)?: No ☐ Yes ☐ If yes, list: _____

Additional information to aid the Executive Director's decision (optional): _____

_____

_____

Total estimated cost of training: $_____ *If approved, expenses must not exceed the estimated cost of training by more than $500 without obtaining Executive Director approval BEFORE incurring the expense(s).*

Requesting employee's signature: _____ Date: _____

Submit this form and any supporting documentation to the Executive Director for consideration. Approval must occur before any expenses are incurred.

Executive Director review date: _____ Approved _____ Not approved _____

Executive Director's signature: _____

Comments: _____

_____