

UNITED TOWNSHIPS OF HEAD, CLARA & MARIA

APPENDIX A

Municipal Training and Development Requisition

Name of Employee/Council Member: \_\_\_\_\_

Status: (if applicable)  Permanent  Probationary  Part-time  Other

Name of Program: \_\_\_\_\_

Program Provider: \_\_\_\_\_

Type:  Professional Development  Personal Development

Program Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential Benefit to the Municipality:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expense Estimate:

Course/Session Cost	\$
Material Cost (books)	\$
Travel (if applicable)	\$
Accommodation (if applicable)	\$
Other (specify)	\$
<b>Total Cost</b>	<b>\$</b>

I have reviewed the training and development policy and am aware of my responsibilities under this program.

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Manager/  
Council Approval: \_\_\_\_\_

Date: \_\_\_\_\_