

Request

Complete this form to request pre-approval to participate in a conference or attend training.

EMPLOYEE INFORMATION

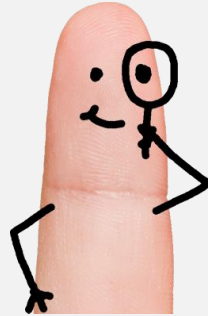
Request Date	DD/MM/YYYY
Employee Name	
Department	

CONFERENCE/COURSE DETAILS

Conference/Course Name	
Conference/Course Description	
Institution/Venue	Eg: ABC University, Sheraton Conference Center, online course
Location	
Accredited Course?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, complete Accredited Course Details table below.</i>
Dates	From: DD/MM/YYYY To: DD/MM/YYYY
Total Anticipated Hours	During working hours (paid time off): <input type="text"/> Outside working hours: <input type="text"/>

ACCREDITED COURSE DETAILS

Institution Location	
Course Name	
Program Name	



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**FOR
SMALL BUSINESS**

**FOR
HR CONSULTANTS**

FOR ACCREDITED COURSES ONLY

If the Company incurs the cost of tuition and other related accredited course costs (“Pre-payment”), and I do not provide the Company with official confirmation of CUSTOMIZER: Insert passing grade/minimum standards for successful passing mark within 30 (thirty) days of course completion, I understand and agree that any advance payments made by the Company will be deducted from my subsequent pay check.

Employee Signature

Date

APPROVED BY

Manager: Insert Name, Insert Title

Signature

Date

HR: Insert Name, Insert Title

Signature

Date

For costs exceeding \$CUSTOMIZER: Insert your cost ceiling that requires another level of approval, Finance approval is required.

Finance: Insert Name, Insert Title

Signature

Date