

Sam Houston State University

Staff Training Request

Employee to receive training:

Name: _____ Title: _____ Department: _____

Training Requested:

Name: _____ Place: _____ Date(s): _____

Training Provide By: _____

Justification: (Explain how this training will improve the trainee's ability to contribute to the success of the University to meet its strategic goals.)

Supervisor's Comment: (Express your opinion on the value of this training relative to the mission of your Department.)

Supervisor's Follow-up: (After a reasonable time to observe the employee's performance write an evaluation statement relative to the value of the training.)

Approvals:

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Division V.P.: _____ Date: _____

Director of Human Resources: _____ Date: _____