

SOP #15

Salem Public Works Department
Standard Operating Procedures

DPW - TRAINING REQUEST FORM

EFFECTIVE DATE:

May 15, 2006

Program Title: _____

Located at: _____

Date/Times: _____

Attendee: _____

Cost of Attendance

Registration: _____

Travel: _____

Overtime: _____

Food/Lodging: _____

Other (explain): _____

TOTAL: _____

Benefit Provided by Attending: _____

Submitted by: _____ **Date** _____

Recommended by: _____ **Comment:** _____

Approved by Director: _____ **Comment:** _____

This form must be completed if you have signed up for training

Request should be accompanied by a copy of the program agenda or other appropriate documentation.