



TRAINING REQUEST FORM

EMPLOYEE INFORMATION

Date of Request: _____
Employee Name: _____ Title: _____
Company/Division: _____ Department: _____
Office Phone: _____ Cell Phone: _____
Email Address: _____ Supervisor: _____

TRAINING REQUESTED

GENERAL PROGRAMS

Course/Program Title: _____

Date: _____
Time: _____ or All Day
Cost: _____
Location: _____

Type of Program:

- Employee Development
- Human Resources
- Safety Training
- Supervisory
- Other: _____

COMPUTER TRAINING

Course/Program Title: _____

Date: _____
Time: _____ or All Day
Cost: _____
Location: _____

Level:

- Basic
- Intermediate
- Advanced
- Currently Using Program
- Other: _____

APPROVAL

Supervisor Approval: _____ Date: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES or EMAIL macallanu@macallangroup.com

Enrollment Status: _____ Paid by CC or Check: _____
Processed By: _____ Employee Notified On: _____