Print Form

SD-PER-2
APRIL 2008

IDENTIFIED TRAINING NEEDS OUTSIDE CORE CURRICULUM

Description of need: (one training need per page)

Description of conditions that created training need:

Suggested method of meeting need: (formal training, etc.)

Employee name:

Training priority number (1, 2, or 3):

Total Cost to SO/FSO Training Budget: _____
(including all travel, registration, and miscellaneous costs)

Requested By: _____ **Date:** _____
Employee

Recommended By: _____ **Date:** _____
Supervisor

From FSO/SO Special Training Funds

Approved By: _____ **Date:** _____
ASTC(FO)/SAO (if not supervisor)

From Statewide Training Funds

Approved By: _____ **Date:**_____
SAO

Please provide a signed copy of this form to the training officer.