



# Application To Undertake Training Program

1. This form is to be used for applications to take training courses, seminars, workshops, certificate studies, etc. , not including University credit courses.
2. The program must be related to an employee's duties.
3. All sections must be completed.
4. Employee is not eligible for tax receipt; receipts should be sent to the department of Human Resources, Memorial University of Newfoundland.

Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Employee Number: \_\_\_\_\_

MUNFA  LUMUN  STAFF  RETIREE

Position: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Previous Training Programs Attended: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Supplier of Program: \_\_\_\_\_

Attach copy of Program description

Duration: \_\_\_\_\_ Start Date: \_\_\_\_\_

Registration fee: \_\_\_\_\_ Estimated other costs (travel, accomodation, etc.): \_\_\_\_\_

Relevance of Program to Employee's Duties: \_\_\_\_\_

Dept Budget Account Code: F \_\_\_\_\_ O \_\_\_\_\_ A \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_

Approval recommended: \_\_\_\_\_ Approval not recommended: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO: MANAGER, ORGANIZATIONAL EFFECTIVENESS, DEPARTMENT OF HUMAN RESOURCES**

**FOR DEPARTMENT OF HUMAN RESOURCES USE ONLY**

Approved : \_\_\_\_\_ Not Approved: \_\_\_\_\_

Department of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

*Access to Information and Protection of Privacy*

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