

# Request for Training & Travel Authorization

RI-FNM-1

Employee Information			
Name:	Title:		
Meeting or Training Information			
Meeting or Course title:			
Vendor:	Registration fees/tuition cost:		
Address:	Phone:		
City:	State:	Zip:	
Type of Request			
	Government Time/Government Expense including Travel		
	Government Time/Government Expense, use of GOV, no travel expenses		
	Government Time/Personal Expense, use of GOV, no travel expenses		
	Government Time/Personal Expense, use of POV at personal preference rate, no other travel expense		
Itinerary			
Training location (City, State and County, if known):			
Purpose of training:			
Date official travel begins:	Date official travel ends:	Date training begins:	Date training ends:
Leave taken in conjunction with training: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates and location of leave:	
Training Document Number :		Travel Authorization Number:	
Estimated cost and method of payment			
Lodging:	Nights at \$ /night	M&IE Rate:	
<input type="checkbox"/> Traveling by air.	Airfare:	<input type="checkbox"/> Driving: <input type="checkbox"/> POV <input type="checkbox"/> GOV	If POV, estimated mileage:
Method of travel to and from airport:		Mileage from home to airport:	
Rental car: <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated cost:	
Method of travel from airport to hotel:		Estimated cost:	
Parking fee at airport:		Parking fee at hotel:	
Misc. expenses:			
Notes for Financial Management:			
Approval			
<b>Supervisor's Signature:</b> >>		<input type="checkbox"/> Approve <input type="checkbox"/> Approved with changes <input type="checkbox"/> Disapprove	Date:
Training is related to: <input type="checkbox"/> Employee's Development Plan <input type="checkbox"/> Employee's current proficiency level <input type="checkbox"/> On approved state training plan <input type="checkbox"/> Necessary proficiency level			
<b>State Conservationist's Signature:</b> >>		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Date:
Financial Management review: >>		Account:	

## Request for Training & Travel Authorization TRAINING REQUEST PROCESS

RI-FNM-1

Step	Who	Action	Notes	Date completed
1.	Employee or Supervisor	Identifies a need for the employee and completes TNI or if unexpected need, this form with a justification	For non-NEDC training, provide applicable training information	
2.	Employee	Completes Training Request form	If approved by supervisor, sends to STC. If denied, supervisor will complete a justification	
3.	State Conservationist	Reviews and approves	Forward to FNM	
4.	Financial Management	Prepares Travel Authorization and assigns training number		
5.	Employee	Completes travel arrangements and arranges for registration/tuition payment if needed		
6.	Employee	If wishes to cancel or reschedule, notifies supervisor, personnel and FNM by email with reason	NEDC will charge a \$750 cancellation fee if within 30 days of course. MUST BE APPROVED	
7.	Employee	Completes any prerequisites. Attends training and completes course requirements		
8.	Employee	Completes the travel reimbursement form for FNM within 5 working days		
9.	Employee	Forwards course certificate and applicable documentation to Personnel		
10.	Personnel	Inputs information into AgLearn and emails employee and supervisor		
11.	Employee	Checks AgLearn to verify that training has been added to the Employee's record correctly		
12.	Employee and Supervisor	Document training on EDP and answer questions below		
13.	Employee or Supervisor	Return this checklist to HR		

**Employee:**

Did this training meet the objectives of your Employee Development Plan?  Yes  No

If no, what areas are still necessary?

Do you recommend this training to other state employees?  Yes  No

**Supervisor:**

Did the training meet the needed proficiency level?  Yes  No

Is additional training necessary for this employee?  Yes  No

Explain.

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