



## REQUEST TO ATTEND TRAINING/CONFERENCE

**Steps for completing this form**

1. Complete below and attach copy of course details/agenda where possible
2. Submit to your Supervisor/Director for consideration
3. Submit certificate/proof of completion for personal file where possible

Employee Name	Department:
Name of Course/Conference: WHMIS First Aid OH&S Course	
Course Date(s) and times:	Location
Course Description (include how it will benefit employee):	
Complete mailing Address of Learning event:	

**COSTS**

Course/Conference Cost:	
Travel: mileage:	
Travel: meals:	
Travel: accommodation:	
Other: (e.g. books):	
<b>TOTAL TRAVEL COSTS</b>	

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature \_\_\_\_\_  
Date

Note: decision considerations include last learning event employee attended compared to others in similar position, how beneficial training will be for employee, job requirements, budget availability and impact on time away from job