

## UMCHS Training Request

Please complete this form accurately and completely. Missing information will delay your request for approval.

Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

Check one:  Seminar  Workshop  Conference  Other: \_\_\_\_\_

Title: \_\_\_\_\_ Sponsor/Presenter: \_\_\_\_\_

Date: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

Type of Cost	Amount
<b>Registration/Fee</b> Already Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please submit completed registration with the training request to expedite the process)	
<b>Lodging Needed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Hotel: _____ Check-In Date: _____ Check-Out Date: _____	
<b>Per Diem Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Approved, please submit Travel Expense Form to Fiscal)	
<b>Agency Vehicle Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Approved, please schedule vehicle with Operations Director)	
<b>Airfare Needed</b> <input type="checkbox"/> Airline: _____ Depart Date: _____ Times: _____ Return Date: _____ Times: _____	
<b>Other (Shuttle, Taxi)</b> <input type="checkbox"/> _____	

College Course    School: \_\_\_\_\_      (Attach Class Schedule and Tuition Statement)

Reimbursement (need receipt of payment)

Payment Directly to School

COURSE TITLE AND COURSE NUMBER	BEGINS (DATE)	ENDS (DATE)	# of CREDITS	COSTS
<b>TOTAL CREDITS AND COST</b>				

**Employee:** Please provide details on how this training fits with your Professional Success Plan.

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### Education/Training Agreement

**PLEASE READ:** In consideration of receiving the training funds, I voluntarily authorize Umatilla-Morrow Head Start, Inc. to withhold from my pay check the training funds amount if I do not attend, if I fail to receive a grade of a C or better, or for failure of continued employment for 12 months after attending the training/course will result in the employee paying back to UMCHS the cost of the training. It is expected that staff will turn in grades received from the college attended no later than two weeks after the class has ended. Failure to do so will result in a deduction of the cost of the class at the next pay period.

Education staff pursuing AA or BA degrees that accepts Head Start/Early Head Start or Oregon Prekindergarten training funds will be required to teach or work for a minimum of 3 years after receiving the degree. If you leave prior to this commitment being fulfilled, you will be required to repay the prorated amount of the financial assistance received based on the length of service completed after receiving the degree. (Head Start Act 2007, Section 648 A Staff Qualifications and Development)

**In signing this agreement, I voluntarily authorize Umatilla-Morrow Head Start, Inc. to withhold from my pay check the training funds expended on my educational/training expenses if I do not complete the above requirements. This voluntary deduction will be made at the pay period following the conclusion of the training/course or at the end of employment on the final paycheck.**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Supervisor/Content Area Director Approval**

*Review and approve based on appropriateness, cost, scheduling, and quality of training. **Also, please ensure that employee understands the Education/Training Agreement.***

Supporting documents included and training approved:  Yes  No (if approved forward to Deputy Director)

Please provide a supporting statement on request approval/denial.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Content Area Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Deputy Director**

*Review and approve for quality of training and/or make recommendations for other resources.*

Training approved:  Yes  No Amount Approved: \_\_\_\_\_

Employee Notified:  Yes  No

Supply and Requisition Sent to Fiscal for Processing:  Yes  No

Deputy Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Human Resources**

Training Evaluation Form Issued \_\_\_/\_\_\_/\_\_\_ Returned

Grades Received and Passed \_\_\_/\_\_\_/\_\_\_

HR Signature \_\_\_\_\_ Date: \_\_\_\_\_