

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

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

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.

**Please keep in mind that requests are approved based on available funding and other contributing factors.*

Employee Signature _____ Date: _____

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: _____

Grant Training should be coded to: _____

Content Area Director Signature: _____ Date: _____

Deputy Director

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

Training approved: Yes No Amount Approved: _____

Deputy Director's Signature _____ Date: _____

Human Resources

Employee Notified: Yes No

Supply and Requisition Sent to Fiscal for Processing if necessary: Yes No

HR Signature _____ Date: _____

IF COURSEWORK: Grades Received and Passed ___/___/___

HR Signature _____ Date: _____