

Attachment #4

CONSERVATION PARTNERS
TRAINING REQUEST

FISCAL YEAR _____

Employee's Name: _____

Employer: _____

Address: _____

Phone number: _____

Name of Course: _____ Code number: _____
Prerequisite met? Yes and when _____ or N/A

Name of Course: _____ Code number: _____
Prerequisite met? Yes and when _____ or N/A

Name of Course: _____ Code number: _____
Prerequisite met? Yes and when _____ or N/A

The above employee is approved to attend the course(s) and we have money set aside for his/her training expense.

Partner Manager: _____ Date: _____

Partner Supervisor: _____ Date: _____