

**REGINA COELI CHILD DEVELOPMENT CENTER
REQUEST TO FUND TRAINING**

Employee's Name: _____ **Date of Hire:** _____ **Location:** _____

Title of Training: _____

***Copy of Registration Form must be attached or send via email*

Name of Institution & Trainer: _____

Location of Training: _____

Date(s): _____

Registration Fee: _____

If out of area travel is required please fill out

1. Hotel Name and Address:

(lowest price, double bed, non-smoking room will be booked unless specified otherwise)

2. Name as it appears on government issued ID and Date of Birth:

How will this training opportunity change your job performance:

Signature of Employee: _____ **Date:** _____

Supervisor Signature: _____ (I assure that work effort will be covered if during work hours)

Total Projected Cost of Training: _____

Registration Fee: \$ _____ (Funding Source: Head Start _____% EHS _____%)

Out-of-Area Travel* Air fare (lowest round trip)\$ _____ (Funding Source: Head Start _____% EHS _____%)

Meals (per diem) for _____ days \$ _____ (Funding Source: Head Start _____% EHS _____%)

Room Cost (w/tax) \$ _____ (Funding Source: Head Start _____% EHS _____%)

Projected cost prepared by: _____

Approved ____ Not Approved ____

Director of Business Operations _____ **Date** _____

Comments:

