

STATE OF MARYLAND

APPLICATION FOR OUT-SERVICE TRAINING AUTHORIZATION

| | | | |
|--|------------------------------|-------------------------|-----------------|
| Major State Department | Agency, Institution, or Unit | Agency Code | |
| Employee's Name (Last, First, MI) | Social Sec. # | Position Classification | Phone Number |
| Duties To Which Requested Training Relates: | | | Probation Over? |
| Reason for Training: Career Development <input type="checkbox"/> Job Related <input type="checkbox"/> If Approved Career Development Plan is on file, please check: <input type="checkbox"/> | | | |
| Please Indicate Type of Out-Service Training: <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Long -Term <input type="checkbox"/> Short -Term <input type="checkbox"/> Work Study | | | |

TRAINING APPLIED FOR

| | | | | |
|---|--|----------------|-----------------------|--------------|
| Name and Address of Organization Providing Training | Course Title and Number Attach Brochure or Catalog Describing Course | Semester Hours | | |
| Duration of Training Beginning Date _____ Ending Date _____ Hours of Training Working Hours _____ After Work _____ Weekly Total _____ | ESTIMATE OF COST | | | |
| | State Paid | | Paid by Others | Total |
| | Registration or Tuition | | | |
| | Books, etc. | | | |
| | Travel | | | |
| | Room and Subsistence | | | |
| | Estimated Total | | | |
| | Amount of State Expense Approved \$ | | Method of Travel | |

I Certify That The Information Given in This Application is Correct and Request Approval

Signature and Date

AGENCY SIGNATURES NEEDED:

Unit Director

Date

Employee's Supervisor

Date

Unit Fiscal Officer

Date