

Engineering Department Employee Training Request

Name _____ Employee ID _____
 Address _____ Telephone _____
 _____ Current Job _____

Please accept my request for training on/for _____

My seniority dates are as follows:

Class	Date	Class	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Positions I am currently qualified to hold:

My reason for requesting training on this position:

I understand that being accepted for training does not guarantee qualification. Qualification may only be made by the appropriate supervisors. Assignments will be made in accordance with applicable Collective Bargaining Agreements.

 Employee's Signature _____ Date _____

Supervisor's Initials _____ Date _____

Return completed form to your immediate Supervisor!
Have your Supervisor Initial and Date This Form
BE SURE TO RETAIN A SIGNED AND INITIALED COPY