STAFF TRAINING REQUEST
NEW JERSEY DEPARTMENT OF CIVIL SERVICE • STATE TRAINING SECTION

INSTRUCTIONS: This form will be completed by the Unit Training or Personnel Officer and submitted to the Department of Civil Service at least four weeks prior to the date of the training or, if travel is involved, the date of the departure for training in all cases which involve expenditure of funds. The department of Civil Service will approve or disapprove the request, retain one copy and send one copy each to the Division of Budget and Accounting and the Requesting Unit.

1. YOUR DEPARTMENT
2. DIVISION/UNIT
3. ACCOUNT NO.
4. DATE

5. TITLE OF COURSE OR PROGRAM
6. SCHOOL OR AGENCY CONDUCTING

7. LOCATION OF SCHOOL OR AGENCY

8. DATES
   from ___________________ to ___________________
9. HOURS PER DAY
   from ___________________ to ___________________
10. TOTAL TRAINING TIME PER INDIVIDUAL
    Hours: ___________________ Credits: ______

11. CLASSIFICATION OF TRAINING
    (Check One)
    ☐ TUITION AID ☐ PROFESSIONAL/TECHNICAL SKILLS ☐ SUPPORTIVE SERVICES ☐ SPECIAL PROGRAM
    ☐ ORIENTATION ☐ MANAGEMENT/SUPERVISION ☐ OFFICE SKILLS

12. OBJECTIVE OR PURPOSE OF TRAINING

13. COURSE DESCRIPTION (If more space is needed, use reverse side)

14. COST OF TRAINING

   ITEM | AMOUNT
   ---- | ------
   a. Registration
   b. Tuition
   c. Fees
   d. Per Diem
   e. Travel
   f. Other (Explain):

   TOTAL COST: ___________________

15. LIST OF TRAINEES (Type single space. If more than ten names, attach complete list)

   NAME | R.A. TITLE | UNIT
   ---- | -------- | ----

16. REQUESTING UNIT

   APPROVALS
   Authorized Signature
   Authorized Signature
   Signature of Training Officer.

DO NOT WRITE BELOW • FOR CIVIL SERVICE ACTION ONLY

☐ APPROVED
☐ DISAPPROVED*

*REASON FOR DISAPPROVAL:

Authorized Signature ___________________ Date ___________________

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