



King County

- ▶ ***This fax cover sheet is provided for your convenience. Using it is optional.***
- ▶ ***If you are faxing a batch of forms, use only one fax cover page.***

COVER SHEET **FAX**

INTERNAL TRAINING SPONSORS *

To: Department of Executive Services

Training & Organization Development (T&OD)
Ruth Adamski or Linda Moehring
Fax: 206-684-1410 **Phone:** 206-684-2044

Safety and Claims
Tammy Harris
Fax: 206-296-0514 **Phone:** 206-205-5661

Office of Information Resource Management
Leslie Arai
Fax: 206-205-0725 **Phone:** 206-296-1519

From:

Phone:

Pages (including this cover page):

Comments:

To: Department of Natural Resources & Parks

DNRPU: Tinh Tieu
Fax: 206-296-0934 **Phone:** 206-263-7289

Parks and Recreation: Patty Birkenfeld
Fax: 206-205-5434 **Phone:** 206-296-4273

Wastewater Treatment: **Fax:** 206-263-6563
Helen Sturm **Phone:** 206-684-1982
Christine Oro **Phone:** 206-263-6220

Water & Land Resources: Maureen Dahlstrom
Fax: 206-296-0192 **Phone:** 206-263-6058

Solid Waste: Do not use this form. Use the on-line training form. If you have questions, contact Diane Voiland at 296-4367

*Internal agency sponsoring training session.

Rev. 11/14/06

Training Request

INTERNAL KING COUNTY TRAINING 1. If requesting training for an individual employee, complete this page only. For multiple employees, complete both pages. Send the completed training request form to the appropriate training sponsor. 2. Confirmation of enrollment will be sent before the class date. If you have not received confirmation at least 1 week before class, please call the training sponsor to verify registration.	EXTERNAL (NON-KING COUNTY) TRAINING 1. If requesting training for an individual employee, complete this page only. If requesting training for multiple employees, complete both pages. 2. Send a copy of the completed training request form to your training coordinator for tracking of your external training. 3. If approved, proceed with vendor training registration (each vendor's registration process varies).
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Please print or type. All information must be completed before your application can be processed.

EMPLOYEE INFORMATION

Employee Name: _____	PeopleSoft ID #: _____
Last, First Middle (as appears on paystub)	(as appears on paystub)
Phone #: _____	Job Title: _____
Department: _____	Division: _____
Mailstop: _____	E-mail: _____
	Certification Type: _____

Do you require assistance or a reasonable accommodation to take this course? If yes, describe:	Yes	No
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COURSE REGISTRATION

Course/Conference/Event Name: _____			
Sponsor/Vendor: _____	Course #: _____	Session #: _____	
Location (City, State or County Bldg.): _____			
Course Dates: Start: _____ End: _____	Course Time: Start: _____ End: _____		
Course Duration: Days: _____ Hours: _____	Course Cost: \$ _____	Pre-payment Required? <input type="checkbox"/> Yes	
Registration Completed By: Name: _____		Date: _____	Phone: _____

BILLING INFORMATION (If there is a charge for the course, please complete billing information.)

Route bill to: Name: _____	Phone: _____	Mailstop: _____
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***Travel:** If training is out of state and/or requires overnight stay, then you must complete the proper travel approval documentation and process required by your department/division.

Cancellation Policy

For internal courses, cancellation will be accepted up to 3 business days in advance of the start of a class. Your section's budget (low org.) will be charged for courses with less than 3 business days notice of cancellation or for employees who fail to show up for or complete a class. Student substitutions may be allowed until the start of the class. To cancel registration or confirm a substitute, please contact the training sponsor. **For external courses,** please check with external vendors for their cancellation and substitution policies.

APPROVAL

Obtain signatures required by your department/division before submitting this form. I approve the requested training. I have budget authority for the charges and the prices are fair and reasonable in accordance with cited purchase order(s).

			Date: _____	Approved Denied
Supervisor Signature	Supervisor Name (print)	Phone Number		
			Date: _____	Approved Denied
Approval Signature	Approval Name (print)	Phone Number		
			Date: _____	Approved Denied
Approval Signature	Approval Name (print)	Phone Number		

PAYMENT INFORMATION (The following ARMS or IBIS information is required for all training requests. **)

(Circle one) IBIS/ARMS	Fund (IBIS)	Cost Center (Org #)**	Account #**	Project/Task #**	Phase #	Sub Project #	Grant #	PO #
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Complete this page when requesting training for multiple employees for each workshop.

Course/Conference/Event Name: _____

Course Date (Start): _____

Course #: _____

Session #: _____

EMPLOYEE INFORMATION

Employee Name: _____

PeopleSoft ID #: _____

Last, First Middle (as appears on paystub)

(as appears on paystub)

Phone #: _____

Job Title: _____

Department: _____

Division: _____

Mailstop: _____

E-mail: _____

Certification Type: _____

Do you require assistance or a reasonable accommodation to take this course?
If yes, describe:

Yes

No

EMPLOYEE INFORMATION

Employee Name: _____

PeopleSoft ID #: _____

Last, First Middle (as appears on paystub)

(as appears on paystub)

Phone #: _____

Job Title: _____

Department: _____

Division: _____

Mailstop: _____

E-mail: _____

Certification Type: _____

Do you require assistance or a reasonable accommodation to take this course?
If yes, describe:

Yes

No

EMPLOYEE INFORMATION

Employee Name: _____

PeopleSoft ID #: _____

Last, First Middle (as appears on paystub)

(as appears on paystub)

Phone #: _____

Job Title: _____

Department: _____

Division: _____

Mailstop: _____

E-mail: _____

Certification Type: _____

Do you require assistance or a reasonable accommodation to take this course?
If yes, describe:

Yes

No

EMPLOYEE INFORMATION

Employee Name: _____

PeopleSoft ID #: _____

Last, First Middle (as appears on paystub)

(as appears on paystub)

Phone #: _____

Job Title: _____

Department: _____

Division: _____

Mailstop: _____

E-mail: _____

Certification Type: _____

Do you require assistance or a reasonable accommodation to take this course?
If yes, describe:

Yes

No