

JSA JOB RELATED TRAINING (JRT) PROGRAM REQUEST

HR Form 303.00 (TPO 10/07)

Name: _____ JLab User Name: _____ Ext. _____

Date: _____ M/S: _____ Div/Dept: _____

Job Title: _____ Supervisor: _____

Program/Course Title: _____

Date(s) of Training: _____ Provided by: _____

Required Attachments: _____ Cost: _____

1. Course description
2. Documents showing cost, location, and dates(s) of training
3. Invoice/registration confirmation or receipt
4. Check Disbursement Form or Travel Request containing the POA to be charged and the signature of an approver for that POA

List below the key competencies (skills and knowledge) associated with this training that are directly related to your job. If these are included in your supporting documents (e.g. course objectives, topics), you may just reference the documents rather than reproducing the list here

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|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

I agree that, should I terminate employment with JLab (other than due to a layoff) prior to course completion, any prepayments may be deducted from my final paycheck.

Employee's Signature: _____ Date: _____

I have reviewed this form and the program content for the requested training and I agree that it is job-related and an appropriate use of JLab resources.

Supervisor Signature: _____ Date: _____

POA to be charged: _____ - _____ - 44-004

Training & Performance Manager's Signature: _____ Date: _____