



# REQUEST AND AUTHORIZATION FOR TRAINING

## Section A - Employee Information

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Position:      Non-supervisory    Supervisory    Manager  
Contract or Department \_\_\_\_\_ Hire Date \_\_\_\_\_

## Section B - Vendor Information \*

Name and address of institution or Training Vendor  
\_\_\_\_\_  
\_\_\_\_\_

- \*Attach:
- Written description of the course which comes from the college/vendor
  - Training cost form college/vendor (Tuition: cost per credit, must be provided by the college)
  - The amount of any pending financial assistance (scholarships, grants, etc.) - if applicable



## Section C - Tuition Reimbursement (check if applicable)

Number of credit hours \_\_\_\_\_ Cost per credit hour \_\_\_\_\_  
Course Number \_\_\_\_\_  
Training Period: Start \_\_\_\_\_ Complete \_\_\_\_\_  
Pursuing a degree in (give level also) \_\_\_\_\_  
Why is this course in the best interest of ULTRA TECH?  
\_\_\_\_\_  
\_\_\_\_\_

*By signing, the employee acknowledges that he/she understands all of the terms of the **Ultra Technologies' Educational Assistance Program**. The employee acknowledges that should he/she voluntarily separate from **Ultra Technologies, Inc.** he/she is required to **reimburse Ultra Technologies, Inc.** for any tuition funds received within six (6) months prior to the separation.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



## Section D - Professional Development (check if applicable)

Seminar Cost \_\_\_\_\_ Date(s) of Training: Start \_\_\_\_\_ Complete \_\_\_\_\_  
Advance Check Required?    No    Yes (if yes, attach a check request)  
Location of seminar \_\_\_\_\_

## Section E - Approvals

Manager \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Executive Officer \_\_\_\_\_

Date \_\_\_\_\_