

**APPENDIX G (NEW FORM)**

**Cumberland County Government**

**Professional Development & Training Request Form**

Employee: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Education Credits / Hours for Professional Certification?  Yes  No

Format:  Classroom  Conference  Workshop/Seminar  Other Virtual?  Yes  No

Organization/Association hosting the Training: \_\_\_\_\_

Name of Event/Conference: \_\_\_\_\_ Training Date(s)/Time(s): \_\_\_\_\_

Location: \_\_\_\_\_ Other Information: \_\_\_\_\_

Purpose of Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Total Cost: \$ \_\_\_\_\_ Budgeted/Planned Expense?  Yes  No

Breakout of Cost:      Registration Fee: \$ \_\_\_\_\_

Meals

Meals: \$ \_\_\_\_\_

In-State (1 Day) Lunch \$20, Dinner \$30

Mileage/Transfers: \$ \_\_\_\_\_

In-State (Multi) B - \$15, L-\$20, D-\$30

Travel/Airfare: \$ \_\_\_\_\_

Out of State (up to) – B- \$15, L- \$20, D-\$30

Lodging: \$ \_\_\_\_\_

Required signatures for approval:

DH/Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

County Manager \_\_\_\_\_ Date: \_\_\_\_\_

