

Lewis County Board of Education
Professional Development Training Request

Requested by: _____

Date of Request: _____

Trainer: _____

Date(s) of training: _____

AN AGENDA WIT THE TITLE, DESCRIPTION, AND TIMELINE OF THE TRAINING DAY(S) MUST BE ATTACHED.

Employees **required** to attend: _____

Expected number of employees attending: _____

Number of Training Hours: _____

COMPLETED BY SUPERVISOR:

Date Received: _____

Approved:

Funding Source: _____

Denied:

Signature: _____

Date: _____