



STAFF TRAINING REQUEST

**** This request should reach your supervisor at least 4 weeks in advance. ****

Policy: All early childhood staff, with regular child contact, shall obtain the required annual professional development hours set forth by Child Care Center Licensing rules, Head Start Program Performance Standards, Great Start Readiness Program requirements, and Great Start to Quality. Early childhood staff may attend outside professional development opportunities to assist with this requirement.

Procedure: Early childhood staff shall complete this form when requesting funds to attend and/or participate in a training/conference, attain a professional membership, or to acquire CEUs. Use of this money requires administrative authorization, which is prompted by this request, and must be submitted to your supervisor 4 weeks in advance. Refer to **Time & Expense** in the **Procedure Manual** for further assistance regarding training funds.

PLEASE COMPLETE ALL FIELDS

EMPLOYEE INFORMATION				
Name:		Job Title:		Date Requested:
Address, including City (to mail registration materials):			State: Michigan	Zip Code:
Phone:	Email:	Supervisor:		
TRAINING INFORMATION				
Training Title:			Training Date(s):	
How do the training topics support your PD/individual goals?				
Are center days needed off?		<input type="checkbox"/> YES <input type="checkbox"/> NO	What are your substitute arrangements?	
		#/days:		
REGISTRATION & ACCOMODATION INFORMATION				
Training Registration	Who is completing the registration?	Company/Website/Link:	Professional Membership #:	Training Portal Login Info:
	<input type="checkbox"/> SELF <input type="checkbox"/> PS			
Hotel Registration	Who is completing the registration?	Company/Website/Link:	Note any other travel details here (splitting costs, etc.):	
	<input type="checkbox"/> SELF <input type="checkbox"/> PS			

***** If self-registration, you MUST attach receipts/backups *****

COST BREAKDOWN

Meals & Incidentals ~ Per Diem

To be eligible for reimbursement of per diem expenses incurred during official travel, the employee must stay overnight. To get the current per diem rates, see the lilac *Overnight Travel Policy & Per Diem Calculation Sheet*, **and attach a completed copy to this training request.**

City & State of Training:	
TOTAL PER DIEM AMOUNT (LILAC Overnight Travel Per Diem Calculation Sheet)	\$
LODGING / ACCOMODATIONS	Price/night: \$
	# of nights:
MILEAGE TRAVEL EXPENSE	# of miles:
	Current mileage rate
REGISTRATION FEES	\$
MEMBERSHIP RENEWAL/CEU FEES	\$
COMPLETE ESTIMATED TOTAL	\$
NOTES:	

Staff Training Request Checklist

- Supervisor Approval/Initials:
- Education Coach Consulted: YES NO
- Director Approval/Initials:
- Self-registration Receipt(s) Attached
- [Lilac Per Diem Sheet Attached](#)
- Blue Check Request/Expense Report Attached, if needed

Approved Amount: \$

Verifying Signature: