

**COLLEGE OF SOUTHERN IDAHO / HEAD START / EARLY HEAD START
STAFF TRAINING REQUEST**

(Please submit to Central Office as soon as possible, at least 2 weeks prior to the scheduled training.)

Name: _____ Head Start EHS Center: _____

Student/Employee ID # _____ Head Start Training YES NO

College Attending CSI Lewis and Clark **Other** Semester Attending Fall Spring Summer

For Credit: YES NO Course # _____ Training Title: _____

For College Classes - Class Days: _____ Class Time: _____

Other Trainings - Date(s) of Training: _____ Time of Training: _____

Please use one form per class!

*Current Tuition Waiver Form: Yes No

Waiver form must be submitted for the current semester to the CSI Business Office when you register.

*** Staff taking classes through LCSC: Have you completed a Reciprocal Agreement Form? This form must be filled out and faxed to Central Office * ATTN: PERC**

COST PER CREDIT:	\$ _____	X	_____	CREDIT(S)		
REGISTRATION:	\$ _____		OTHER COSTS:	YES	NO	
MATERIALS OR BOOKS	\$ _____		PERDIEM	<input type="checkbox"/>	<input type="checkbox"/>	
			TRAVEL	<input type="checkbox"/>	<input type="checkbox"/>	

SUPERVISOR REQUESTED (PAID) **PROGRAM REQUIRED (PAID)**

- Will time to complete this training be included as a part of your regular hours? _____
- If additional **paid** hours are requested, how many? _____

PERSONAL OR PROFESSIONAL GROWTH

Describe the individual training plan objective this training would address: _____

Are you requesting (or have you requested) financial assistance from any other source? _____

If yes, who? _____

EMPLOYEE'S SIGNATURE _____ DATE: _____

SUPERVISOR COMMENTS: _____

SUPERVISOR'S SIGNATURE _____ **DATE:** _____

Training: \$ _____ APPROVED Approval Signature _____ P.O. # _____