

Municipal Training and Development Requisition
Appendix to Council and Employee Policies

Name of Employee/Council Member: _____

Status: (if applicable) Permanent Probationary Parttime Other (specify)

Name of Program: _____

Program Provider: _____

Type: Professional Development Personal Development

Program Description:

Potential Benefit to the Municipality:

Expense Estimate:

Course/Session Cost	\$
Material Cost (books)	\$
Travel (if applicable)	\$
Accommodation (if applicable)	\$
Other (specify)	\$
Total Cost	\$

I have reviewed the training and development policy and am aware of my responsibilities under this program.

Employee: _____ Date: _____

Manager's/
Council Approval: _____ Date: _____