

Iowa Department of Human Services
REQUEST TO ATTEND STAFF DEVELOPMENT

Program Area: Services CPTA Academy IM Training Academy Other (Specify) _____

Work Location	County Number/Name	County Address

SECTION A. COURSE INFORMATION

Course Number	Course Name	
Dates: Begin	End	Location

SECTION B. PARTICIPANT INFORMATION

Name	SS #	Phone Number	E-Mail Address	CO Use Only
Supervisor's Name		Office		E = Enrolled A = Approved W = Waiting List D = Denied
Phone Number		E-Mail Address		

Length of service as a _____ with DHS: _____ years

What is your reason for attending this training?

Current Program Area for IMTA: _____

SECTION C. COST ESTIMATES

Registration ®	Travel	Lodging	Meals
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

Total Cost of this Request: _____ Charge to Cost Center (Org/Sub-Org): _____

- ◆ **Out-of-state** approval required? Yes No If **YES**, participant **MUST** pay all of the registration fee and seek reimbursement. ® Receipt required (See Pre-Audit 210.115)
- ◆ **In-state** registration \$75 or under: **Participant MUST** pay registration fee. ® Receipt required (See Pre-Audit 210.115)
- ◆ **In-state** registration over \$75: Direct bill

SECTION D. APPROVALS

Supervisor's Approval	Training Coordinator's Approval

Submit this form to your supervisor. The supervisor forwards it to the appropriate training coordinator or directly to the IM Training Academy. Training coordinator will forward Services and CPTA to Training, Field Operations and Other Requests to Employee Services.

CENTRAL OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Contract Needed <input type="checkbox"/> Request Denied			
Authorized Signature	Date		
Course Number Assigned	Charge To		

Send completed form to:

Services or CPTA Academy – Mary Jo Beckman, FOSU, mbeckma

IM Training Academy – Richard Hargin, IM3, rhargin

Other – Sandy Knudsen, RBA, sknudse

Janet Zeutenhorst, Child Support, jzeuten

