

CONCORDIA COLLEGE

FACILITIES MANAGEMENT PROFESSIONAL DEVELOPMENT REQUEST FORM

Employee: _____

Title of Training: _____

Location: _____ Date(s): _____

Description of Training: _____

Relationship of Training to Job Duties: _____

Number of hours and/or days absent from work: _____

Funding Requested	Amount	Request Approved (Do not complete this column)
Registration Fee	\$	\$
Travel	\$	\$
Lodging	\$	\$
Total Request	\$	\$

Employee Signature: _____ Date: _____

Supervisor to Circle: <i> / (Support / Do Not Support) this request for training.</i>
Supervisor Comments: _____

Supervisor Signature: _____ Date: _____
Approved By: _____ Date: _____

Facilities Management

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