

UNIVERSITY OF MAINE AT FARMINGTON

REQUEST FOR TRAINING SUPPORT

Name:

Date:

Title:

Department:

Brief description of request (attach supporting materials):

Training location:

Estimated expenses:

- 1) **Registration**
- 2) **Lodging**
- 3) **Travel**
- 4) **Other (please identify)**

Please describe the benefits the above training will provide for your current position:

Signature

Approved:

Chair, CEPDC

Supervisor

Director of Personnel and Assistant to the Vice President for Administration

Vice President for Administration