

Maryland State Department of Education
Division of Rehabilitation Services
Staff Training Application

Training Program Title: _____

Training Program Sponsor: _____

Dates of Training: _____

Location of Training: _____

I have attached copies of all training brochures, fliers and completed registration forms: ☐ Yes ☐ No

Cost of Training: \$ _____

I have already submitted registration material to the Training Program Sponsor: ☐ Yes ☐ No

NOTE: DORS cannot reimburse staff for training that has not been pre-approved via a Staff Training Application properly submitted through Supervisory channels.

Employee Name: _____

Office Location: _____

Employee Email: _____

☐ I will need overnight accommodations for the night(s) of: _____

☐ Appropriate accommodations for individuals with disabilities will be provided upon request.
Please specify the accommodations required: _____

Applicant Signature

Supervisor Approval Signature

Regional/WTC Director Approval Signature

Staff Development Office Approval Signature

Submission Procedure:

- **Employee:** Email the digitally signed and completed form, as well as all accompanying training documents, to your Supervisor.
- **Supervisor:** If approving, digitally sign, then email the approved form to your Regional or WTC Director. If not approved, return to the Employee.
- **Regional or WTC Director:** If approving, digitally sign, then email the approved form to the Staff Development Office at StaffDevelopment.dors@maryland.gov. If not approved, return to the Supervisor.

All forms and accompanying materials should be received in the Staff Development Office at least 4 weeks prior to requested training.