

# STATE OF MARYLAND

## APPLICATION FOR OUT-SERVICE TRAINING AUTHORIZATION

<b>State Department</b>	<b>Agency, Institution, or Unit</b>	<b>Agency Code</b>
<b>Employee's Name (Last, First, MI)</b>	<b>W#</b>	<b>Position Classification</b>
<b>Duties To Which Requested Training Relates:</b>		<b>Probation Over?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Training:</b> <input type="checkbox"/> Career Development <input type="checkbox"/> Job Related <input type="checkbox"/> Approved Career Development Plan on file?		
<b>Please Indicate Type of Out-Service Training:</b> <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Long-Term <input type="checkbox"/> Short-Term <input type="checkbox"/> Work Study		

### TRAINING APPLIED FOR

<b>Name/Address of Training Organization</b>	<b>Course Title &amp; Number</b> (attach Brochure or Catalog describing course)	<b>Semester Hours</b>	
<b>Duration of Training</b> Beginning Date: _____ Ending Date: _____ <b>Hours of Training</b> Working Hours: _____ After Work: _____ Weekly Total: _____	<b>ESTIMATE OF COST</b>		
	<b>Cost</b>	<b>State Paid</b>	<b>Paid by Others</b>
	<b>Registration/Tuition</b>		
	<b>Books, etc.</b>		
	<b>Travel</b>		
	<b>Room &amp; Subsistence</b>		
	<b>Estimated Total</b>		
<b>Staff Development Only:</b>	<b>Amount of State Expense Approved \$</b>	<b>Method of Travel:</b>	

**I Certify That The Information Given in This Application is Correct and Request Approval**

\_\_\_\_\_  
Employee Signature/Date

The Appointing Authority of this agency approves this application and certifies that funds are available.  _____ Appointing Authority Signature/Date  _____ Title	The Department Secretary approves this application and recommends the training requested.  _____ Department Secretary Signature/Date  _____ Title	The Department of Budget and Management authorizes this training as consistent with policy, rules, and regulations.  _____ DBM Signature/Date  _____ Title
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