

**Washoe County  
Request for External Training Form**

*(This form is optional and serves as documentation for the appointing authority.)*

Employee Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Department/Division: \_\_\_\_\_  
Title of requested training: \_\_\_\_\_  
Name of the training firm/organization: \_\_\_\_\_

Presentation Method: <input type="checkbox"/> Lecture <input type="checkbox"/> Conference <input type="checkbox"/> Workshop	Training location: <input type="checkbox"/> Reno/Sparks <input type="checkbox"/> Other Training Date(s): _____	Estimated training costs: \$ _____ Registration \$ _____ Travel \$ _____ Other
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Is this training required for licensing or certification? Yes  No

***To be completed by the employee\*:***

This training is requested to improve or enhance job:

Knowledge     Skills     Abilities

Identify three learning or developmental areas-either content areas ("I'd like to know more about legal responsibilities of supervision"), or behavior/skill areas ("I'd like to get better at listening to my employees"), in which you hope to improve as a result of participating in the selected training.

1.

2.

3.

***To be completed by the appointing authority:***

I recommend this training to improve and/or enhance the following job knowledge, skills, and abilities of this employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Please attach promotional brochures or handouts outlining training exercises, activities, and learning theories.*