

NECA Training Request Form

Navajo Engineering and Construction Authority

APPLICATION FOR TRAINING

THIS REQUEST MUST BE SUBMITTED TO NECA SAFETY DEPARTMENT TEN (10) DAYS PRIOR TO BEGINNING OF TRAINING.

DATE: _____

APPLICANT'S NAME: _____

Employee NO: _____

JOB TITLE: _____

DEPARTMENT: _____

NAME OF COURSE, PROGRAM, TRAINING, OR SCHOOL AND ADDRESS (TRAINING SITE):

DESCRIPTION OF COURSE:

LENGTH OF COURSE:

BEGAIN _____

END: _____

DATE

TIME

DATE

TIME

TYPE OF TRAINING:

Workshop/Confr/Seminar _____

Safety: _____

Certificate Program: _____

In House Training _____

Tech/Specialized _____

EXPLAIN HOW THIS TRAINING IS JOB RELATED:

CERTIFICATE OR CERTIFICATION OR AWARD AVAILABLE:

YES: ___

NO: ___

DESCRIPTION: _____

COST: TUTION/REGISTRATION: _____

BOOKS/MATERIALS _____

TOTAL: _____

AS AN EMPLOYEE OF NECA, DESCRIBE WHAT YOU EXPECT TO GAIN FROM THIS COURSE.

DESCRIBE HOW NECA WILL BENEFIT FROM YOUR TRAINING.

DO YOU AGREE TO SUBMIT AN EVALUATION OF THE TRAINING?

YES: ___

NO: ___

SIGNATURE OF EMPLOYEE: _____

DATE: _____

REVIEWED BY IMMEDIATE SUPERVISOR and APPROVED:

Yes: ___

No: ___

SIGNATURE OR IMMEDIATE SUPERVISOR: _____

DATE: _____

REVIEWED BY DEPARTMENT MANAGER:

Yes: ___

No: ___

SIGNATURE OF DEPARTMENT MANAGER: _____

DATE: _____

Charge training to account number: _____