



EDUCATION PRE-APPROVAL REQUEST

I _____ request pre-approval to attend training and be reimbursed for the cost of the training. I agree that I must attend 80% of the class room hours and must receive a passing grade of C or better in order to be reimbursed. I must provide proof of my grade from the training facility and I must have a receipt to show proof of cost of the training.

Training Facility: _____

Training Course: _____

Training Start Date: _____

Training Cost. _____

I do agree that I will not be reimbursed until the entire training course is completed.

Signed _____ Dated _____

Training Approved: YES _____ NO _____

By:

Signed _____ Dated _____