



Training Approval Request Form

Training Approval Requested By: _____

Title: _____ Agency: _____

Phone: _____ E-mail: _____

REQUESTER: Please complete both pages of this form, **along with** submitting a detailed agenda that lists the start and end times of all training sessions while also indicating any breaks that may be given and submit to: Tanya.Kearney@ky.gov, 502-564-0674

Training Providers who have more than 50 in attendance will need to collect all POA forms and drop off or email (preferred) to me.

Training Event Information

Training Title: _____

Training Provider: _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

Training Intended For: Fiscal Court County Clerk Sheriff Jailer All

Registration Fees: Yes: Dollar Amount: \$ _____ No

Enrollment Limitations: Yes: Maximum Enrollment: # _____ No

Proof of Attendance: Request DLG to provide individual POA forms Sign-in Sheet Individual Certificate

Training Dates with Locations: _____

FOR DLG USE ONLY

Approved By: _____

Date: _____

Hours: _____

Denied By: _____

Date: _____

**Elected County Officials Training Incentive Program Training Approval Request Form
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Describe the learning objectives & how the content pertains to improving job knowledge and skills.

List Trainers and their Titles/Qualifications (attach short Bio's if necessary):

Describe any training materials that will be provided to the trainees:

Is this training a requirement for County Officials? (If Yes check applicable officials) Yes No

- Fiscal Court County Clerk Sheriff Jailer All