

COLORADO DEPARTMENT OF TRANSPORTATION
REGION 3 SUPPLEMENTAL TRAINING REQUEST

Please print or type

Instructions: Complete Section A for training requests that were not included on the Annual Training Plan Form
 Complete Section B for any internal training that units propose to conduct
 Forward to Region Training Coordinator when complete

Section A

Employee name	Employee Section/Branch	Employee Cost Center
Training request and description		Training date(s)
Training location		Total number of hours of training
Training instructor	Registration fee	Travel/misc. costs
Federal participation approval <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor approval signature	

Section B

Employee coordinating training	Employee Section/Branch	Employee phone number
Training title and description		Training date(s)
Training location		Total number of hours of training
Target attendees	Training instructor	
	Registration fee	
	Travel/misc. costs	
Federal participation approval <input type="checkbox"/> yes <input type="checkbox"/> no		

For help completing form, contact the Region 3 Training Coordinator

CDOT Form #1288 3/01

Original: R3 Trg Coordinator