Job Training Program

Application Part II
(Goal Setting/Approvals)

Applicant's name: _____ **Extension:** _____
Designated trainer's name: _____ **Extension:** _____

Estimated training start date: _____
Estimated training end date: _____

(Please allow (2) two weeks for the committee approval process)

Objectives for training (Note: training is to be completed within 90 working days following approval)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Training schedule: (use space below or attach an agreed upon schedule)

_____

_____

_____

Signature of Trainer **Date** **Signature of Trainee** **Date**

☐ **Applicant is approved for participation**

Signature of Receiving Supervisor **Date** **Signature of Releasing Supervisor** **Date**

Please return completed application to the appropriate committee representative.