

07/18/2011

# CONSOLIDATED BUSINESS CENTER EMPLOYEE TRAINING REQUEST FORM

**Instructions: If you cannot access CHRIS Training Workflow;**

- Fill out the form below and save the TRF to your personal directory.
- Completion of this form does **not** automatically enroll or register you for this course.
- You must provide this TRF to your supervisor or appropriate person for **approval**.
- **After approval - submit** completed TRF **thirty (30) days prior** to event to [Kenneth.Hogan@HQ.DOE.Gov](mailto:Kenneth.Hogan@HQ.DOE.Gov), at the ETS, or phone: 505-245-2112
- At the EMCBC you can contact – [Carolyn.Roehrig@emcbc.doe.gov](mailto:Carolyn.Roehrig@emcbc.doe.gov) or 513-246-0511

EMPLOYEE NAME: \_\_\_\_\_ SITE: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_

COURSE/SESSION NUMBER: \_\_\_\_\_

BEGIN / END DATE (MM/DD/YYYY): \_\_\_\_\_

BEGIN TIME \_\_\_\_\_ AM/PM END TIME \_\_\_\_\_ AM/PM

TOTAL TRAINING TIME: \_\_\_\_\_ Hours

VENDOR NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

TRAINING CITY/STATE (If different than above) \_\_\_\_\_

Is this a conference? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this course on your Individual Development Plan (IDP)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is this Technical Qualification Program (TQP) related or Project Management Career  
Development Program (PMCDP)? TQP \_\_\_\_\_ PMCDP \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is this transition related? (for closure sites only) Yes \_\_\_\_\_ No \_\_\_\_\_

Training Objective: \_\_\_\_\_

Training Reason: Compliance \_\_\_\_\_ Directed by Management \_\_\_\_\_ Development \_\_\_\_\_  
Job Specific \_\_\_\_\_ Transition \_\_\_\_\_

Direct costs: Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Other: \_\_\_\_\_ Sub-Total: \_\_\_\_\_

Indirect Costs: Travel: \_\_\_\_\_ Per diem: \_\_\_\_\_ Other: \_\_\_\_\_ Sub-Total: \_\_\_\_\_

Total Costs: \_\_\_\_\_

Remarks: \_\_\_\_\_

Supervisory Approval \_\_\_\_\_ Date: \_\_\_\_\_