



# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187  
[www.ellington-ct.gov](http://www.ellington-ct.gov)

## Employee Training & Development Request Form

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

<input type="checkbox"/> <b>Town Initiated</b> (i.e., certification courses)  (Registration Form attached)	<input type="checkbox"/> <b>Seminar/Conference</b>  (Registration Form attached)	<input type="checkbox"/> <b>Employee Initiated</b> (i.e., college level courses)  [Pending available funding in the Town’s Employee Educational Development Budget.]  Upon completion of course work, submit Expense Voucher with receipts and transcript of grades to the First Selectman for reimbursement approval.  (Registration Form attached)
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Course and/or Seminar/Conference Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

This course/session will be held during my regular working hours..... Yes No  
 Funding is included in my departmental operating budget..... Yes No

FINANCE OFFICE PAYMENT INFORMATION	
PAYEE:	CHARGE ACCOUNT NO.:
	CHECK AMOUNT:

\_\_\_\_\_  
 Department Head Date  **APPROVED**  **DENIED\***

\_\_\_\_\_  
 First Selectman Date  **APPROVED**  **DENIED\***

\*Reason for denial of request: \_\_\_\_\_

DISTRIBUTION:  Finance Office (original)  Department Head (copy)  Personnel File (copy)