



2017-2018 Training/Workshop/Class Attendance Funds Application

Name of Applicant _____

Classification (Job Title) _____ Your Principal or Supervisor _____

E-mail _____ Your Preferred Telephone _____

Training/Class Name _____

Training/Class Date _____

Training/Class Provider _____

Cost of Training Event _____

Total Amount Requested _____

Type of Funds Applied for (check all apply)

- Essential training – needed to meet legal or education code requirements for the job
- Targeted training – enhancing skills relevant to my current job or other related-duties assigned
- Career development – learning new skills to qualify for lateral transfers or promotions
- Training to enhance the school/district environment or mission of the school/district

Training Description and Need — Describe the need for this training and a summary of what will be learned in one or two sentences summarizing the who, what, where, why, and when.

Evaluation —How will the success of this training be measured?

Training Rationale— Briefly describe how this training will strengthen your ability to do your job. Be specific as to anticipated skills, knowledge and/or professional development.

District Impact — Describe how the requested funds will increase your knowledge of the school district and how you will use the information learned to improve the system. Indicate what the attendee should be able to do at the conclusion of the training or expected beneficial outcomes.

Shared Contribution—Describe any contribution, either cash or “in-kind”, that you or your school or department is making for you to attend this training (e.g., paying for a substitute, sharing the cost, providing transportation or meals).

Scope of Training/Sustainability — Does this training occur regularly or is this a one-time event? If this is a training that requires addition follow-up training, what plans are being made to ensure the participants to attend additional dates?

Training Communication—Describe any plans for sharing the materials/information gained with others in the school district, and specifically with others in the same classification.

I understand that I am required to submit a receipt and an evaluation form within 30 days of completing this training before I will be reimbursed.

Applicant Signature

Date

Principal/Administrator Signature

Date

(Applications will be considered incomplete without Principal/Administrator signature)

Remember to supply a copy of the flyer, training brochure or conference information that lists the date, location, cost, and other pertinent information that will support the committee in making its decision.

Submit this application, by e-mail or hard copy, to
Ali Junker
Human Resources Specialist
Personnel Commission
La Mesa-Spring Valley Schools Education Service Center
Attention: Classified Training Advisory Committee
Alison.junker@lmsvschools.org