

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TRAINING CERTIFICATION AND AGREEMENT

Employee: _____ SSN: _____ Division: _____

Mailing Address: _____
(work) (only necessary if taking a State course sponsored by Admin. Personnel)

Position Title: _____ Work Phone Number: _____

Course Title: _____ Location: _____

Name and Address of INSTITUTION or ORGANIZATION offering course: _____

Course DATES and HOURS: _____

Does course occur during office hours? No Yes Credit Hours: _____

Tuition: \$ _____ Supplies: \$ _____ Per Diem: \$ _____ Travel: \$ _____

Are funds specifically budgeted for training? No Yes

Funding Source: _____ Account Code: _____

Will reimbursement be made to the employee, or directly to the institution or organization?

(PLEASE INDICATE!!) _____

STATE COURSES: PLACE NOMINATION THROUGH JUNEAU TRAINING OFFICE.

OTHER COURSES: PLACE NOMINATION DIRECTLY TO INSTITUTION OR ORGANIZATION.

Justification/Recommendation: _____

The cost of authorized expenses and work days taken as stated above will be paid by the State upon submission of receipts and proof of satisfactory completion of the course. In the event the course is not satisfactorily completed, all State costs will be reimbursed by the employee. Termination for reasons due to misconduct or delinquency on the part of the employee shall not excuse the employee from liability for reimbursement as specified above. The State of Alaska shall have the right to deduct from the undersigned employee's final paycheck any monies owing the State in accordance with the above terms or to recover such monies by other legal means.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Approved Disapproved (*Reasons must be provided to employee*)

Signature: _____ Date: _____

Director/Separate Office Head/Designee