

**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