COMPUTER TRAINING REQUEST/APPROVAL FORM

NAME: _____

EWU ID Number _____

DEPARTMENT: _____

MAIL STOP: _____

PHONE: _____

EMAIL: _____

I am requesting to take the following computer class(es):

Course Title	Date(s)	Vendor (Dept of Personnel, Etc)	Cost

REQUESTED BY: _____
Employee Signature

The Human Resource Rights and Risk Office must be notified of cancellations 16 days prior to the class to ensure no charge will be incurred.

APPROVED: _____
Supervisor/Budget Authority

INDEX CODE TO BE CHARGED: _____

Return completed form to Human Resources Rights and Risk, SHW 316, for registration processing AT LEAST 21 days prior to the class.

For questions, please call Human Resources Rights and Risk at 359-4681