Continuing Education Request Form

Name  ____________________________  Library/Dept.  ____________________________

The District encourages staff to attend training and workshops to increase knowledge and
skills to better serve customers. Every effort will be made to accommodate requests within
schedule and budget constraints. Please submit this form to your immediate supervisor and
then to any member of the Administration Team for approval.

Event/Workshop Title  _________________________________________________________

Event Date and Location  _______________________________________________________

A short description of how you think this Continuing Education will help improve service to
those who use the Library District

_____________________________________________________________________________

_____________________________________________________________________________

Estimated District Costs  ____________________________

Please plan to submit a short report to the Admin Team after you return (one page or less).
Include what you have learned, how you will share your new knowledge with other staff and
what future involvement will be expected with the educational opportunity.

Please give this form to your supervisor for signature. Supervisor, please give this form to an
Administrator for signature.

Supervisor  ______________________________________  _______________________
signature                        date

Administrator  ______________________________________  _______________________
signature                        date