

APPLICATION TO ATTEND STATE FINANCIAL MANAGEMENT CERTIFICATE COURSE(S)		
Employee's Name:		
Employee I.D. #:		
Office Location:	Position #:	State Job Title and Code:
<p>I understand that based on my job title, and in accordance with SOP 104.71.10, I am eligible to attend the outlined levels of State Financial Management Certificate courses.</p>		
Employee's Signature		Date
<p>This is to verify that the above employee, for a significant portion of his/her job, reconciles bank accounts, produces accounting transactions documents, and/or maintains trust/agency fund accounts in regard to official state business as outlined on his/her current Performance Management Plan. I recommend that the above employee be approved to attend the following parts of the governmental accounting series: <i>(Check all that apply)</i></p> <p style="text-align: center;">Introductory Governmental Accounting, Part I & II <input type="checkbox"/></p> <p style="text-align: center;">Intermediate Governmental Accounting, Parts I & II <input type="checkbox"/></p>		
(Print) Name of Immediate Supervisor:	Immediate Supervisor's Job Title:	
Signature of Immediate Supervisor:		Date:
(Print) Name of Appointing Authority:	Appointing Authority's Job Title:	
Signature of Appointing Authority:		Date:
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		

Note: This application must be submitted with the appropriate registration materials.

Retention Schedule: Upon completion, this form shall be retained permanently in the official and local personnel file.