

GDC FACILITIES TRAINING TRAVEL REQUEST FORM

EMPLOYEE NAME: _____,
(Last) (First) (MI)

EMPLOYEE ID#: _____

CONCUR APPROVER NAME: _____,
(Last) (First)

CONCUR APPROVER ID: _____

WORK LOCATION: _____
(Home Facility where employee is currently assigned)

TRAVEL DATES: _____ TO _____
(Start) (End)

PURPOSE OF TRAVEL: _____

TYPE OF TRAINING ATTENDING & REGISTRATION CONFIRMATION
NUMBER: _____

HOTEL RESERVATIONS REQUESTED:

DATE	LOCATION (CITY)	DATE RESERVED	INITIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE SIGNATURE: _____ DATE _____

SUPERVISOR SIGNATURE: _____ DATE _____

DWA SIGNATURE: _____ DATE _____

APPOINTING AUTHORITY SIGNATURUE: _____ DATE _____

Retention Schedule: Upon completion, this form shall be maintained for the current year, plus five prior years at the Facility level, and for five years following the end of the fiscal year at Central Office.