

REQUEST FOR IN-SERVICE TRAINING INCENTIVE CREDIT
OFFICE OF TRAINING AND DEVELOPMENT
DIVISION OF HUMAN RESOURCES
One Capitol Hill, Providence, RI 02908
Telephone 222-2178

A COMPLETE APPLICATION MUST BE RECEIVED 7 DAYS IN ADVANCE OF COURSE

Please refer to KEY POINTS found on the Office of Training and Development web site:
www.admin.ri.gov/otd

SOCIAL SECURITY NO: _____
PLEASE PRINT

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MI: _____

HOME ADDRESS: _____

CITY _____ ZIP: _____

DAYTIME TEL: _____

SERVICE: UNCLASSIFIED: CLASSIFIED:

REQUEST:

COURSE TITLE: _____

COURSE START DATE: (MM/DD/YY) _____

SCHOOL OR AGENCY SPONSOR: _____

HOURS: (TIMES OF DAY; DAYS OF WEEK) _____

COURSE LENGTH: (TOTAL HOURS) _____ (WORKING HOURS) _____

MOST RECENT INCENTIVE COURSE: _____

HIGHEST YEAR AND SCHOOL COMPLETED: _____

JOB CLASSIFICATION: _____

DEPT: _____ DIVISION: _____

UNIT: _____

APPLICATION CONTINUED ON REVERSE SIDE
Your Signature is Required

Final credit will be given for this course only if you:

- 1) Received Approval by a CS-372 in advance.
- 2) Obtain Passing Grades or satisfactory completion
- 3) Forward Official Transcripts of external courses to us.

Note: If you do not receive your CS-372 within a reasonable time, please locate your Request, and call 222-2178 in advance of the course start date.

Office Use Only

Disapproved

Approved

CS-372 Date: _____

CS-365 – Continued for: (applicant name) _____

MY JOB-RELATED OBJECTIVES: _____

I hereby apply for recommendation and approval to participate in :

Course Title: _____

I understand that I must receive advance approval by CS-372 and successfully complete this course in order to receive credit toward my future incentive increment. I have consulted and understand the **KEY POINTS: INCENTIVE IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES***

SIGNATURE: _____ DATE: _____

NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR COMPLETED APPLICATION HAS BEEN FORWARDED TO THE OFFICE OF TRAINING AND DEVELOPMENT (OTD)

DIVISION CHIEF OR UNIT SUPERVISOR:

I have inspected the Personnel Rules and/or **KEY POINTS: INCENTIVE IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES*** and nominate this course as directly related to this employee's job duties and career training incentive. (Every Department has a copy of the Personnel Rules available for inspection.)

Recommended: _____ DATE: _____
(legible signature)

DEPARTMENT DIRECTOR:

I certify that this course is directly related to this employee's job duties and attendance is approved in accordance with the provisions outlined in the **KEY POINTS: INCENTIVE IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES***

Recommended: _____ DATE: _____
(legible signature)

KEY POINTS: INCENTIVE IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES* is available on the OTD web site: www.admin.ri.gov/otd or by calling OTD at 222-2178