

REQUEST FOR IN-SERVICE TRAINING INCENTIVE CREDIT
OFFICE OF TRAINING AND DEVELOPMENT
DIVISION OF HUMAN RESOURCES
One Capitol Hill Providence, RI 02908-5867
222-2877 or 222-2178

A COMPLETE APPLICATION MUST REACH US 7 DAYS IN ADVANCE

Page numbers refer to informational Bulletin **IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES**

SOCIAL SECURITY NO: _____

PLEASE PRINT

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MI: _____ TEL: _____

SERVICE: _____ UNCLASSIFIED: CLASSIFIED:

HOME ADDRESS: _____

CITY: _____ ZIP: _____

REQUEST:

COURSE TITLE: _____

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

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

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

SCHOOL OR AGENCY SPONSOR: _____

MOST RECENT INCENTIVE COURSE: _____

HIGHEST YEAR AND SCHOOL COMPLETED: _____

JOB CLASSIFICATION: _____

DEPT: _____ DIVISION: _____

UNIT: _____

APPLICATION CONTINUED ON REVERSE SIDE
Your Signature is Required

—————→
over please

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.

If you do not receive your CS-372 within a reasonable time, please locate your Request, and call 222-2877 in advance of the course.

Office Use Only

Disapproved
Approved
CS-372 Date =

.....

CATEGORY (SEE pg 2):
1=__(CHRT) 2=__(Con)
3=__(Ag.) 4=__(Ind)

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

MY JOB-RELATED OBJECTIVES: _____

hereby apply for recommendation and approval to participate in (course title):

I understand that I must receive advance approval and successfully complete this course in order to receive credit toward my future incentive increment. I have consulted the Informational Bulletin and understand the Rules for *IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

SIGNATURE: _____ **DATE:** _____

DIVISION CHIEF OR UNIT SUPERVISOR:

I have inspected the Personnel Rules or the *Informational Bulletin (pages 2 and 6 respectively) and nominate this course as directly related to this employee's job duties and career training incentive. Every Department/Agency has a copy of the Personnel Rules available for inspection. For inspection, please contact your personnel office in advance.

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 *Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

Recommended: _____ **DATE:** _____

PLEASE CHECK TO SEE THAT YOUR APPLICATION HAS BEEN COMPLETED

You may attach specific supporting documents and your analysis.

* "Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES" now available by writing or calling the Office of Training and Development.

QUESTIONS ??? = Telephone: 222-2877 or 222-2178