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|--|---|--|--|------------------------|---|-----------------|----------------------------|---|--|
| Employee Name | | | | | | | | | |
| 1. Training Details | | | | | | | | | |
| Training / Course Title | | | | | | | | | |
| Company | | | | | | | | | |
| Venue and Location | | | | | | | | | |
| Date and Time | | | | | | | | | |
| Transport Type | | <input type="checkbox"/> Public Transport <input type="checkbox"/> Shire Vehicle <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Other: | | | | | | | |
| Accommodation Details | | | | | | | | | |
| Other Requirements | | | | | | | | | |
| 2. Total Costs | | | | | | | | | |
| Training / Course Fees | | Travel | | | | | | | |
| Accommodation | | Meals | | | | | | | |
| Other | | Total Costs | | | | | | | |
| 3. Rational for Attending (benefit to position and Officer's role) | | | | | | | | | |
| Requesting Officers Comment | | | | | | | | | |
| <p>For qualifications, licenses and degrees:</p> <p>I agree that if the qualification, license or degree is over \$500 and I leave the Shire within 12 months of completion or fail to complete the enrolled course, a portion of the enrolment fees must be repaid based upon the formula below:</p> <table border="1" data-bbox="194 1346 1391 1462"> <tr> <td>Completion of Training</td> <td>$\frac{365 \text{ days minus days already served}}{365 \text{ days}}$</td> <td>X amount funded</td> </tr> <tr> <td>Non Completion of Training</td> <td colspan="2">100% - % of course completed = % balance to be paid</td> </tr> </table> <p>I authorise the Shire of deduct the monies from termination payments, and any other monies that I am owed by the Shire on termination.</p> | | | | Completion of Training | $\frac{365 \text{ days minus days already served}}{365 \text{ days}}$ | X amount funded | Non Completion of Training | 100% - % of course completed = % balance to be paid | |
| Completion of Training | $\frac{365 \text{ days minus days already served}}{365 \text{ days}}$ | X amount funded | | | | | | | |
| Non Completion of Training | 100% - % of course completed = % balance to be paid | | | | | | | | |
| Date | | Signature | | | | | | | |
| 4. Supervisor Authorisation (benefit to position and Officer's role) | | | | | | | | | |
| Supervisor Supporting Comment | | | | | | | | | |
| Date | | Signature | | | | | | | |
| 5. Executive Manager Authorisation | | | | | | | | | |
| Executive Manager Comment | | | | | | | | | |
| Date | | Signature | | | | | | | |
| Training Evaluation Required | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |