

COUNTY OF CONTRA COSTA
Training Reimbursement Request

To: County Administrator
From: Health Services Department

Date of Request: _____

Please authorize attendance at an in-service training course for the following employee:

_____ Name	_____ Classification
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The training course is entitled: _____

And is briefly described as follows: _____
(Attached Brochure or other Course Description)

The training course will be given by: _____
(Name and Address of Institution)

Beginning on _____ and ending on _____ with sessions scheduled between the hours of _____ and _____.

I am requesting attendance and reimbursement based on (DIRECT) (INDIRECT) benefit to the county as follows:

1. Direct Benefit ☐ Attendance on my own time. ☐ Partially county time. ☐ Wholly county time.

Reimbursement is requested for the following item(s): _____

County Time Requested: _____ Total Reimbursement Request: \$ _____

2. Indirect Benefit: Attendance at my own expense and on my own time, except that reimbursement for one half
of the course reenrollment fee of \$ _____ will be claimed.

_____ Date	_____ Signature of Employee
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I believe this training course to be of (DIRECT) (INDIRECT) benefit to the county for the following reasons(s):

and hereby certify that no county time or expenses, other than those approved herein will be authorized for reimbursement as a result of this request.

_____ Date	_____ Signature of Department Head
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This training reimbursement request is (APPROVE) (DISAPPROVED) for attendance on county time for _____
work hours and for reimbursement for expenses in the amount of \$ _____ for items authorized above.

Comments: _____

_____ Date	_____ County Administrator
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