

**South Carolina Department of Transportation  
Division of Mass Transit  
Training Request Form**

Complete and return to:      Awanda Livingston, Administrative Assistant  
SCDOT/Division of Mass Transit  
P. O. Box 191, Room 201  
Columbia, SC 29202-0191

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Name of Person Receiving Training \_\_\_\_\_ Official Job Title \_\_\_\_\_

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Agency Name \_\_\_\_\_

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Agency Mailing Address (including ZIP Code) \_\_\_\_\_

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Phone Number (Area Code & Ext.) \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Training Title \_\_\_\_\_ Location \_\_\_\_\_

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Training Sponsor \_\_\_\_\_ Date(s) \_\_\_\_\_ Cost \_\_\_\_\_

**JUSTIFICATION:** (Please give a brief explanation of duties and why the training is needed).

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I certify that the above information is true and correct and that this training request, for the above employee, is not fulfilling any degree requirements.

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**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*DMT USE ONLY\*\*\*\*\*

Funding Source:      \_\_\_\_\_ RTAP      \_\_\_\_\_ Grant (Contract #)      \_\_\_\_\_ Other

Charge Code: \_\_\_\_\_

Voucher No.: \_\_\_\_\_ Approval Initial: \_\_\_\_\_ Date: \_\_\_\_\_