SAMPLE

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

Joe Doe — Name of Person Receiving Training
Transit Supervisor — Official Job Title

Any Transit Authority System — Agency Name

123 Any Street , Anywhere, USA 12345-0000 — Agency Mailing Address (including ZIP Code)

(000) 555-5555 — Phone Number (Area Code & Ext.)
(000) 555-5555 — Fax Number
DoeJB@somewhere.com — E-mail Address

Any Transit Training — Training Title
Somewhere, USA — Location

Any Transit Association — Training Sponsor
01/01-04/08 — Date(s)
$500.00 — Cost

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

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.

Supervisor's Signature **Date**

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

Funding Source: _____ RTAP _____ Grant (Contract #) _____ Other

Charge Code: _____

Voucher No.: _____ Approval Initial: _____ Date: _____

Revised 11/07