

## TRAINING COURSE REQUEST

	TN Region			
			Requestor	
Request the following course on the dates and at the location indicated:				
Course Name: _	Course Name:ocation:			
Location:				
St	reet Address	City	County	
Dates:	Time(s	s)	Number of Students:	
Must be in Trainir	g office at least 60 days be	fore course start (	late)	
nstructor:	structor:Name		Need Instructor    Need Books	
Adjuncts:				
Travel is request	ed for Number of Perso	for ons Numbe	er of Nights	
Date			Signature of Requestor	
Го: TEMA Tra	ining From: TEMA		Region	
i have <b>reviewe</b>	the above request and	recommend app	proval / disapproval.	
	tor is:			
 Date	_	Regi	onal Director	
Date	_			
	TN R		onal Director  FROM: TEMA Training	
Thru: TEMA				
Thru: TEMA To:Req	uestor	Regional Office		
Thru: TEMA To: Req 1. The a	uestor bove course is approved	Regional Office / disapproved.		
Thru: TEMA To: Req 1. The a	uestor	Regional Office / disapproved.		

MAY 1 2012 Appendix B