

TRAINING EVENT REQUEST

SAP SERVICE ENTRY SHEET NO. _____

Instructions: (Please refer to [4142 instructions](#) for detail)

Event Request: Complete Sections 1, 2, 3, and 4. (Training is defined in [DAM 3721](#)).

Conference/Convention or Water Education Foundation Tour: Complete Conference/Convention Request ([DWR 3654](#)).

Cancel Event/Non-Attendance (No-Show): Complete Training Event Reconciliation ([DWR 4142a](#)).

SECTION 1: EMPLOYEE INFORMATION (MUST BE COMPLETED)

EMPLOYEE NAME		SAP EMPLOYEE NUMBER		E-MAIL	
DIVISION/REGION/OFFICE NAME		SAP ORG NUMBER		@water.ca.gov	
				PHONE NUMBER	TIME BASE

SECTION 2: EVENT INFORMATION

EVENT TITLE				VENDOR		LOCATION ¹ (City and State)	
START DATE	END DATE	START/END TIMES	TOTAL HRS	CATEGORY ²	COST OBJECT		COST OBJECT TYPE

^{1/} Attach form [DWR 3655](#), "Out of State Travel Request" to Training Event Request if applicable.

^{2/} JRQ = [Job Required](#), JRT = [Job Related](#), UM = [Upward Mobility](#), CR = [Career Related](#). As determined by Supervisor (see [DAM 3730](#)).

SECTION 3: TRAINING COSTS

	ESTIMATED	ACTUAL		ESTIMATED	ACTUAL
1. Registration/tuition Includes meals? <input type="checkbox"/> YES <input type="checkbox"/> NO			6. State car used <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Event-required books/supplies			7. Travel Costs (air fare, car rental, private car mileage, etc.)		
3. Grants/Scholarships Received (Subtract)	-	-	8. Per Diem (meals, incidentals, hotel, parking, etc.)		
4. Subtotal of 1,2,3 (add 1 & 2 and subtract 3)			9. Subtotal travel and per diem (add 7 and 8)		
5. Percent of State contribution ³ of no. 4 above			10. Total State costs (add 5 and 9)		
SAP REQUISITION NUMBER	SAP PURCHASE ORDER NUMBER		11. Employee cost		

^{3/} JRQ & JRT = 100 %, UM & CR = 50%.

SECTION 4: SIGNATURES

This section **MUST** be completed with signatures as required by Employee's Division/Region/Office.

1. EMPLOYEE SIGNATURE	DATE	2. LEAD PERSON (if applicable)	DATE	3. SUPERVISOR SIGNATURE	DATE
4. TRAINING COORDINATOR SIGNATURE	DATE	5. DO COSTS EXCEED GUIDELINES? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH GUIDELINE? <input type="checkbox"/> JRT <input type="checkbox"/> UM <input type="checkbox"/> CR			
6. COST CENTER MANAGER SIGNATURE	DATE	7. SECTION CHIEF SIGNATURE	DATE	8. BRANCH CHIEF SIGNATURE	DATE
9. REGION/FLD DIV CHIEF SIGNATURE	DATE	10. DIVISION/OFFICE CHIEF SIGNATURE	DATE	11. RECEIVED BY TRAINING COORD. AFTER APPROVALS	

By signing this form, the employee agrees to reimburse the State for full-time, private/non-State training of more than 60 days, for tuition and other expenses paid by the State if, after completion of the training assignment, the employee does not continue employment in State service for a period of six months or twice the period of training, which ever is greater. Such reimbursement shall be made within two years after separation from State service and shall be for an amount proportionate to the specified period of service not completed. ([DAM Section 3763.1](#))

SECTION 5: EVENT COMPLETION (REQUIRED)

I HEREBY CERTIFY THAT I COMPLETED THE ABOVE EVENT	EMPLOYEE SIGNATURE	DATE
---	--------------------	------

SECTION 6: TRAINING OFFICE UPWARD-MOBILITY/CAREER-RELATED FUNDS USE ONLY

T.O. UM/CR FUND

WINTER/SPRING	AMOUNT	COST OBJECT	TRAINING OFFICE APPROVAL TO EXPEND FUNDS	DATE
SUMMER/FALL				

SECTION 7: TRAINING COORD. USE ONLY

INITIALS DATE INITIALS DATE

Booked in SAP	Training History Update submitted to Training Office
---------------	--