State of California | DEPARTMENT OF WATER RESOURCES | California Natural Resources Agency

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 @water.ca.gov	
DIVISION/REGION/OFFICE NAME **DES**	SAP ORG NUMBER	PHONE NUMBER	TIME BASE

SECTION 2: EVENT INFORMATION

EVENT TITLE	VENDOR	LOCATION[1] (City and State)
Vehicle and Boat Operational Safety	**DWR**	**3500 Industrial Boulvard**

START DATE	END DATE	START/END TIMES	TOTAL HRS	CATEGORY[2]	COST OBJECT	COST OBJECT TYPE
8/25/2015	**8/25/2015**		**1**	**JRT**		

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? ☐ YES ☑ NO			6. State car used ☐ YES ☐ 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)	$0.00		9. Subtotal travel and per diem (add 7 and 8)	$0.00	
5. Percent of State contribution[3] **100%** of no. 4 above	$0.00		10. Total State costs (add 5 and 9)	$0.00	
SAP REQUISITION NUMBER	SAP PURCHASE ORDER NUMBER		11. Employee cost	**$0.00**	

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? ☐ YES ☐ NO WHICH GUIDELINE? ☐ JRT ☐ UM ☐ 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 SUMMER/FALL	AMOUNT	COST OBJECT	TRAINING OFFICE APPROVAL TO EXPEND FUNDS DATE

SECTION 7: TRAINING COORD. USE ONLY

	INITIALS	DATE		INITIALS	DATE
Booked in SAP			Training History Update submitted to Training Office		