



Elected County Officials Training Incentive Program Training Approval Request Form

Training Approval Requested By: _____

Title: _____ Agency: _____

Phone: _____ E-mail: _____

Requester: Please complete both pages of this form, attach a copy of the detailed agenda that lists the start and end times of all training sessions while also indicating any breaks that may be given and submit to: Department for Local Government, 100 Airport Road, 3rd Floor Frankfort, KY 40601 Phone: 800-346-5605 Fax: 502-227-8691 E-mail: Wendy.Thompson@ky.gov

Training Event Information

Training Title: _____

Training Provider: _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

Training Intended For: Fiscal Court County Clerk Sheriff Jailer All

Registration Fees: Yes: Dollar Amount: \$ _____ No

Enrollment Limitations: Yes: Maximum Enrollment: # _____ No

Proof of Attendance: Individual POA Form Sign-In/Out Sheets Individual Certificate

Training Dates with Locations: _____

FOR DLG USE ONLY

Approved By: _____ Date: _____ Hours: _____

Denied By: _____ Date: _____

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Training Title: _____ Provider: _____

Has this training been specifically designed for Kentucky's elected county officials? Yes No

Describe the learning objectives and how the content pertains to improving job knowledge or skills.

List Trainers and their Titles/Qualifications (attach short Bio's if necessary):

Describe any training materials that will be provided to the trainees:

Is this training a requirement for County Officials? (If Yes check applicable officials) Yes No

Fiscal Court County Clerk Sheriff Jailer All

List corresponding KRS, KAR or other requiring entity:
