

# 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, 1024 Capital Center Drive, Suite 340, Frankfort, KY 40601  
Phone: 800-346-5606 Fax: 502-573-3712 E-mail: scott.sharp@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: \_\_\_\_\_

Elected County Officials Training Incentive Program Training Approval Request Form  
Page Two

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:

*Attach detailed agenda to email prior to sending*