SHARE TRAINING AGREEMENT

Employee Name: Date:

PSU ID# JOB Title/Grade: Supervisor:

Work Unit:

 Course Date Course Name/Location Cost

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|  |  |  |
|  |  |  |

Responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| Course Cost | Employee Payment[ ]  | Budget | Task |
| Lunch Cost | Employee Payment[ ]  | Budget | Task |
| Wages | Vacation Day[ ]  | Wages Paid[ ]  |  |

Approval

Employee Signature: Date:

Supervisor/Manager Signature: Date:

**Please return completed form to 102 OPP Training Office**

**Date Employee Submitted Form:**

**Completion and Payment Verification:**

**Certificate Date: Receipt: Date Pmt. Submitted:**