

**McKinley County
Training and Career Development Form**

Name: _____

Date: _____

Training Requirements: _____

- | | |
|---|---|
| <input type="checkbox"/> Licensing/Certification | <input type="checkbox"/> Preferred Requirements |
| <input type="checkbox"/> Professional Enhancement | <input type="checkbox"/> Job Skill Enhancement |
| <input type="checkbox"/> Personal Enhancement | |

Training Plan _____

Training Source: (i.e. Name of Training, Host, Location)

Cost of Training: \$ _____ Funded by: _____

Employee's Signature

Supervisor's Signature

Date

Date

Approved by HR Director: _____ _____ _____ Date	Approved by County Manger: _____ _____ Date
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