

**REQUEST FOR IN-SERVICE TRAINING INCENTIVE CREDIT**  
**OFFICE OF TRAINING AND DEVELOPMENT**  
**DIVISION OF HUMAN RESOURCES**  
One Capitol Hill Providence, RI 02908-5867  
222-2877 or 222-2178

**A COMPLETE APPLICATION MUST REACH US 7 DAYS IN ADVANCE**

Page numbers refer to informational Bulletin **IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES**

SOCIAL SECURITY NO: \_\_\_\_\_

**PLEASE PRINT**

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ TEL: \_\_\_\_\_

SERVICE: \_\_\_\_\_ UNCLASSIFIED:  CLASSIFIED:

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REQUEST:**

COURSE TITLE: \_\_\_\_\_

COURSE STARTING DATE: (YY-MM-DD) \_\_\_\_\_

HOURS: (TIMES OF DAY; DAYS OF WEEK) \_\_\_\_\_

COURSE LENGTH: (IN TOTAL HOURS) \_\_\_\_\_ (IN WORKING HOURS) \_\_\_\_\_

SCHOOL OR AGENCY SPONSOR: \_\_\_\_\_

MOST RECENT INCENTIVE COURSE: \_\_\_\_\_

HIGHEST YEAR AND SCHOOL COMPLETED: \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

DEPT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

UNIT: \_\_\_\_\_

**APPLICATION CONTINUED ON REVERSE SIDE**  
**Your Signature is Required**

—————→  
*over please*

Final credit will be given for this course only if you:

- 1) Received Approval by a **CS-372** in **advance**.
- 2) Obtain Passing grades or satisfactory completion.
- 3) Forward Official Transcripts of external courses to us.

If you do not receive your CS-372 within a reasonable time, please locate your Request, and call 222-2877 in advance of the course.

**Office Use Only**

*Disapproved*  
*Approved*  
**CS-372 Date =**

.....

CATEGORY (SEE pg 2):  
1=\_\_(CHRT) 2=\_\_(Con)  
3=\_\_(Ag.) 4=\_\_(Ind)

CS-365 – Continued for: (applicant name) \_\_\_\_\_

**MY JOB-RELATED OBJECTIVES:** \_\_\_\_\_

\_\_\_\_\_

hereby apply for recommendation and approval to participate in (course title):

\_\_\_\_\_

I understand that I must receive advance approval and successfully complete this course in order to receive credit toward my future incentive increment. I have consulted the Informational Bulletin and understand the Rules for \*IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIVISION CHIEF OR UNIT SUPERVISOR:**

I have inspected the Personnel Rules or the \*Informational Bulletin (pages 2 and 6 respectively) and nominate this course as directly related to this employee's job duties and career training incentive. Every Department/Agency has a copy of the Personnel Rules available for inspection. For inspection, please contact your personnel office in advance.

Recommended: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(legible signature)

**DEPARTMENT DIRECTOR:**

I certify that this course is directly related to this employee's job duties, and attendance is approved in accordance with the provisions outlined in the \*Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

Recommended: \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE CHECK TO SEE THAT YOUR APPLICATION HAS BEEN COMPLETED**

# You may attach specific supporting documents and your analysis.

\* "Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES" now available by writing or calling the Office of Training and Development.

**QUESTIONS ??? = Telephone: 222-2877 or 222-2178**

Office of Human Resources

(est. 10/98)

Room 350

Telephone: 222-2774

Fax: 222-6174

**DEM TRAINING COURSE  
ENROLLMENT FORM**

*Please be advised that this form does not replace the "Request For In-Service Training Incentive Credit" form from the Office of Training & Development which is required to obtain incentive credit.*

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Division: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Extension: \_\_\_\_\_

DEM COURSE TITLE: \_\_\_\_\_

COURSE STARTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS: From: \_\_\_\_\_ To: \_\_\_\_\_

COURSE FEE (if any) : \_\_\_\_\_

I hereby apply for enrollment in the above listed course title and understand that I must receive advance approval from my supervisor to attend on state time. I understand that classes are filled on a first come/first serve basis and completion of this form does not guarantee my enrollment. I also understand that my enrollment in this class obligates me to attend each scheduled session

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to RI General Treasurer. Return enrollment form and check to the Office of Human Resources, Department of Environmental Management, 235 Promenade Street, Room 350, Providence, RI 02908.

**DIVISION CHIEF OR UNIT SUPERVISOR.....**

I have reviewed the appropriateness of this course and agree it is related to the employee's job duties. I have authorized this employee's attendance as administrative leave.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**If the state is paying....**

I am an authorized agent to expend Department funds to pay for this course. Funds may be drawn from the following account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_