

## OUTSIDE COMMITMENT/TRAINING REQUEST FORM

## EMPLOYEE INFORMATION

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Location \_\_\_\_\_ Date of Request \_\_\_\_\_

## EVENT INFORMATION

☐ In-person Training      ☐ Virtual Training      ☐ Workshop      ☐ Local/National Conference

Name of Event \_\_\_\_\_ Name of Organization \_\_\_\_\_

Event Description (copy/paste link or description):  
  
\_\_\_\_\_Location \_\_\_\_\_ Date(s) \_\_\_\_\_ Time \_\_\_\_\_  
(Range if multiple days) (From – To if one day only)

## OUTSIDE COMMITMENT INFORMATION

Organization: \_\_\_\_\_ Commitment Start Date: \_\_\_\_\_

Commitment description: \_\_\_\_\_

Anticipated work time required to fill commitment:  
  
\_\_\_\_\_

## IMPACT STATEMENT

Which Core Value will this impact?

Diversity, Equity &amp; Inclusion

Respect

People First

Integrity

Innovation

How does this apply to your job at MLS?

What do you hope to gain from this experience?



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### APPROVAL

Registration Cost (5136) \_\_\_\_\_ ☐ Individual rate ☐ Group rate

Local Mileage estimate (5135) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please complete the information below for up to 3 supervisor levels before signing and saving the document. Email the document to the next supervisor in the chain for approval. For Public Services, one signature must be the Regional Director.

Money in current local/department budget? Yes ☐ No ☐

Supervisor 1 Title \_\_\_\_\_ Email \_\_\_\_\_

Supervisor 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor 2 Title \_\_\_\_\_ Email \_\_\_\_\_

Supervisor 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor 3 Title \_\_\_\_\_ Email \_\_\_\_\_

Supervisor 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy is required to be emailed to [training@metrolibrary.org](mailto:training@metrolibrary.org)**