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| **STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM****WORK RELATED EDUCATION, TRAINING****AND PROFESSIONAL DEVELOPMENT APPLICATION** **WRE** | **STC USE ONLY** |
| **CONTROL ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. **COURSE TITLE OR PLANNED WORK-RELATED TRAINING**

       |
| 1. **DEPARTMENT**

      |
| 1. **ADDRESS - STREET - CITY ZIP**

                  |
| 1. **CONTACT PERSON (25)**

      | TELEPHONE (     )       | FAX (     )       | EMAIL terra.marroquin@sdcda.org |
| 1. **COURSE SUMMARY OR PLANNED WORK-RELATED TRAINING (attach additional sheets as necessary)**

 See Attached Flyer |
| 1. **TOTAL REQUESTED HOURS**

       | 1. **START DATE**

       | 1. **END DATE**

       |
| 1. **ASSURANCE**: *I agree with the content of this proposal, including the learning or development objectives and anticipated benefits*
 |
| 1. **EMPLOYEE SIGNATURE**
 | **TYPE OR PRINT NAME (25)**      | **JOB TITLE**      | **DATE**      |
| 1. **EMPLOYEE JOB TITLE**

       |
| 1. **IMMEDIATE SUPERVISOR'S SIGNATURE**
 | **TYPE OR PRINT NAME (25)**      | **DATE**      |
| 1. **ASSURANCE:** *I authorize the employee named on this certification to participate in the described work-related training to be credited toward hours of regular STC annual training. The hours requested do not exceed one-half of the required training hours of the job classification. IFT and WRE hours combined cannot exceed one-half of an individual's annual required training. I understand that there will be no expenditure of STC training funds for any portion of this undertaking involving WRE training.*
 |
| 1. **AUTHORIZED SIGNATURE**
 | TYPE OR PRINT NAME (25)      | **DATE**      |
| WRE (3/99) |