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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) | | | | | | | | | | |