

MERCER COUNTY

Conference/Training/Seminar

Request Form

EMPLOYEE NAME							
EMPLOYEE TITLE			DEPARTMENT		DIVISION		
EMPLOYMENT STATUS		F	PERMANENT []	PROVISIONAL TE	MPORARY OTHER		
EMPLOYMENT TYPE		□ F	FULL TIME PART TIME				
LENGTH OF EMPLOYMENT							
REQUEST TYPE		С	CONFERENCE SEMINAR TRAINING COURSE				
EVENT DATE (S)							
EVENT NAME							
EVENT LOCATION							
MEANS OF TRANSPORTATION		N					
Registration Fee Cost of Transportat		t of ortation	Hotel Cost Meal Cost		Other Cost	Total Costs	
				Breakfast: Lunch: Dinner:		\$	
Account Nur		Number:					
Funds Available in Acco		Account:					
PLEASE ATTACH A	COPY OF TH	E DESCRIP	TION OF THE CONFER	ENCE, SEMINAR OR TR	AINING COURSE ALC	ING WITH THIS FORM	
EMPLOYEE SIGNATURE			DATE		DATE		
DIVISION CHIEF			DATE	PERSONNEL DIRECTOR		DATE	
DEPARTMENT DIRECTOR			DATE COUNTY ADMIN		TRATOR	DATE	
	Γ		SUBMISSION I	DEADLINES			
		CON	CONFERENCE 60 days prior to registration				

14 days prior to registration

14 days prior to registration

SEMINAR

TRAINING