



Specialized Training Request

Personnel Department, PIROE-ACE | 700 E. Temple Street | Room 100 | Los Angeles | CA | 90012 | mou.reimbursement@lacity.org

Applicant Information

First Name: Last Name:

Employee ID: Classification: MOU: 36 37 63 64

Department: Division:

Work Address: Home Address:

Work Phone: Home Phone:

Training Information

Title of Training:

Location of Training: Date(s) of Training:

Provider: Web Site:

Billing Address:

Briefly describe how the training will benefit you and the City:

Please check all that apply:

- The education is required by the employer or by law for the employee to keep his or her present salary, status or job. The required education serves a bona fide business purpose of the employer.
- The education maintains or improves skills needed in the job.
- The education is not required as a condition of employment, but it is work related.

Reimbursement Requested

Please list all the items for which you will be seeking reimbursement and their associated cost.

Item 1: Cost: Item 2: Cost:

Item 3: Cost: Item 4: Cost:

Total Requested:

***Requests for travel and lodging must meet the Controller's Guidelines . Visit the Controller's web site for more information.**

Authorization Signatures

Please print and forward this application with a copy of the training brochure to the necessary parties in your department for approval.

NOTE: All three (3) signatures must be obtained and only original documents will be accepted.

Employee's Signature: Title: Date:

Approving Signature: Title: Date:

Dept. Training Coordinator: Title: Date:

Office Use Only

Approved for: Comments: