WORKSHOP REQUEST AND EDUCATION REPORT FORM

Employee Name: ____________________________ Department: ____________________________

Program: ______________________________________________________________________

Date: ____________________ Enrollment Deadline: ____________________________

Location: ______________________________________________________________________

Objective of attending: ___________________________________________________________

Send check to: __________________________________________________________________

_____________________________________________________________________________

Cost: ____________________________ Total check amount: ____________________________

Charge to: __________ Approval: __________ Date: __________

1. Write a brief summary of program attended:

2. What specific recommendations for your department or JCH did you gain from this educational program?

3. Educational follow-up &/or suggestions for implementation:

Inservice date(s): ________________________________________________________________

Group(s): _____________________________________________________________________

Employee Signature ____________________________ Supervisor ____________________________ Administration ____________________________

Date ____________________________ Date ____________________________ Date ____________________________

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