

TRAINING REQUEST

DGS OHR 1090 (Rev. 3/2016)

SEE INSTRUCTIONS ON REVERSE

(SECTION A) EMPLOYEE INFORMATION					
EMPLOYEE NAME	CBID	ABMS #	CLASSIFICATION	WORK PHONE	FAX NUMBER

(SECTION B) COURSE IDENTIFICATION			
TRAINING PROVIDER	FIRST CHOICE	CLASS DATE(S) FROM: TO:	CLASS TIMES
COURSE TITLE & IDENTIFICATION	SECOND CHOICE	CLASS DATE(S) FROM: TO:	CLASS TIMES
TRAINING SITE ADDRESS			TOTAL HOURS
APPLIES TOWARDS:	TRAINING CREDIT	MANDATED TRAINING	
SUPERVISORY TRAINING	→ PART 1 (initial 40 hours)	PART 2 (secondary 40 hours)	ONGOING
CATEGORY:	IN SERVICE	OUT SERVICE	
JOB REQUIRED	JOB RELATED	CAREER RELATED	UPWARD MOBILITY

(SECTION C) EXPENSES			
EXPENSE TYPE	TOTAL COST (PER EMPLOYEE)	TOTAL PAID BY STATE	COMMENTS / JUSTIFICATION (Specify why this training is needed and/or required)
TUITION / FEES	\$	\$	
BOOK(S) / SUPPLIES	\$	\$	
TRAVEL / PER DIEM	\$	\$	
TOTAL	\$	\$	

(SECTION D) OFFICE IDENTIFICATION & APPROVALS			
Office Name	Cost Center Code	Billing Code	Budget Year
Supervisor Name	Supervisor Signature		Date
Office Chief or Designee Name	Office Chief or Designee Signature		Date
Office Training Coordinator Name	Office Training Coordinator Signature		Date

(SECTION E) TRAINING COORDINATOR CONFIRMATION		
Training Coordinator Name	Training Coordinator Signature	Date
Accepted Class Date(s)	Training Completed Yes No	Date (training credit posted)

(SECTION F) FOR OFFICE OF FISCAL SERVICES (PSAS) USE ONLY					
Program	Fund Title	Item #	Chapter	Statute	Fiscal Year

[Training Policy and Procedures](#)

(DGS Manual Sections 1502 through 1507)

http://inside.dgs.ca.gov/dgs_u/Home/TrainingPolicyandProcedures.aspx

TRAINING REQUEST

DGS 1090 (REV. 4/2015)

INSTRUCTIONS**SECTION A** – EMPLOYEE INFORMATION

- Enter employee's name, CBID (Collective Bargaining Identification), ABMS number, classification, work phone, and fax number.
- **Multiple class attendees** – Follow these steps if more than one employee in the same cost center is taking the identical class: (1) enter "*Various (see attached)*" in the employee name field; and (2) complete and attach page 3 (*Section A - Employee Information*) to the GS 1090.

SECTION B – COURSE IDENTIFICATION

- TRAINING PROVIDER: Enter the complete name of the provider offering the course.
- COURSE TITLE & IDENTIFICATION: Use the course title and identification as specified by the training provider (do not use abbreviations).
- TRAINING SITE: Enter the complete training site address (street, city, state, and zip code).
- FIRST CHOICE: Indicate the first choice for the class date(s) and times.
- SECOND CHOICE: Indicate the second choice for the class date(s) and times.
- TOTAL HOURS: Enter the total number of training hour credits the employee(s) will receive.
- APPLIES TOWARDS: Check the applicable box as Training Credit, Mandated Training, or Supervisor's Training (and specify if the course applies to Part I, Part II or Ongoing supervisory training).
- CATEGORY: Check the applicable box:
 - In Service = DGS Sponsored / Internal Training
 - Out Service = Non-DGS Training (provided externally)
 - Training Categories = Defined in [DGS Manual Section 1502](#)

SECTION C – EXPENSES

- Enter the amount for the following expenses (or leave the field blank if there is no cost):
 - TOTAL COST (PER EMPLOYEE)
 - Tuition / Fees
 - Book(s) / Supplies
 - Travel / Per Diem (***Allowable for Job Required and Job Related courses only***)
 - Total cost of all expenses
 - TOTAL PAID BY STATE
 - Cumulative total cost for all employees taking the training (per employee cost X number of employees).
- COMMENTS / JUSTIFICATION: Specify why the training is needed and/or required (include the policy, directive, or mandate for required training).

SECTION D – OFFICE IDENTIFICATION & APPROVALS

- OFFICE NAME: Enter the complete DGS Office Name (do not use abbreviations).
- COST CENTER/BILLING CODES: Enter the account numbers assigned to the DGS Office. (*This data can be obtained from the Office's Training Coordinator.*)
- BUDGET YEAR: Specify the budget year training will occur (e.g., 2014/15, 2015/16, etc.).
- Secure Office Chief (or designee) approval prior to the training date.

SECTION E – TRAINING COORDINATOR CONFIRMATION (*needed field data is self-explanatory*)

- ACCEPTED CLASS DATE(S) – Enter the date(s) the employee(s) is (are) scheduled to attend the course.
(*Note: The Training Coordinator's signature is required in order to process payment for training.*)

SECTION F – FOR OFFICE OF FISCAL SERVICES (PSAS) USE ONLY

- This section is included for completion by PSAS when payment for training is needed. Use only for individual training under \$5000.

ROUTING – PLEASE ROUTE APPROPRIATELY FOR:

- VENDOR-PROVIDED TRAINING (training with or without cost associated): Employees must follow their office's required GS 1090 submittal and approval process. A copy of the approved GS 1090 must be attached to the vendor's invoice when submitted to DGS' Accounting Office to generate payment.
- DGS-SPONSORED/INTERNAL TRAINING: DGS University does not require a GS 1090. Employees must follow their office's required GS 1090 submittal requirement and/or approval process.

