SEE INTRUCTIONS ON PAGE 2

SECTION A - EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	M.I.	ABMS NUMBER	FI$CAL ID NUMBER

CLASSIFICATION	CBID	WORK EMAIL ADDRESS	WORK PHONE NUMBER

SECTION B - COURSE/CONFERENCE IDENTIFICATION

TITLE AND IDENTIFICATION   PROVIDER

SITE STREET ADDRESS   CITY   STATE   ZIP CODE

	CLASS START DATE	CLASS END DATE	CLASS TIME	TOTAL HOURS
FIRST CHOICE:				
	CLASS START DATE	CLASS END DATE	CLASS TIME	TOTAL HOURS
SECOND CHOICE:				

TYPE OF SERVICE

IN SERVICE   OUT SERVICE

CATEGORY

JOB REQUIRED   JOB RELATED   CAREER RELATED   UPWARD MOBILITY

APPLIES TOWARDS

CONFERENCE/CONVENTION   TRAINING CREDIT   MANDATED TRAINING
SUPERVISORY (Part 1 – Initial 40 hours)   SUPERVISORY (Part 2 – Secondary 40 hours)
SUPERVISORY (Ongoing)

SECTION C - EXPENSES & JUSTIFICATION

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/UNIT	BILLING CODE	REPORTING STRUCTURE	BUDGET YEAR/ENY

SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE

PROGRAM BUDGET ANALYST	PROGRAM BUDGET ANALYST SIGNATURE	DATE

SECTION E - TRAINING COORDINATOR CONFIRMATION

TRAINING COORDINATOR NAME	TRAINING COORDINATOR SIGNATURE	DATE

ACCEPTED CLASS DATE(S)	TRAINING COMPLETED?	DATE TRAINING CREDIT POSTED
	YES NO	

SECTION F - OFFICE OF FISCAL SERVICES (PSAS USE ONLY)

PROGRAM	FUND TITLE	ITEM NUMBER	CHAPTER	STATUTE	FISCAL YEAR

Training Policy and Procedures
(DGS Manual Sections 1502 through 1507)

INSTRUCTIONS

SECTION A – EMPLOYEE INFORMATION

- Enter employee's name, ABMS number, Fi$Cal ID, classification, CBID (Collective Bargaining Identification), work email address, and work phone 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 DGS OHR 1090.

SECTION B – COURSE IDENTIFICATION

- TITLE & IDENTIFICATION: Use the course title and identification as specified by the training provider (do not use abbreviations).
- PROVIDER: Enter the complete name of the provider offering the course.
- SITE: Enter the complete training site address (street, city, state, and zip code).
- 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
- APPLIES TOWARDS: Check the applicable box as Training Credit, Mandated Training, or Supervisor's Training (specify if the course applies to Part I, Part II or Ongoing supervisory training).
- FIRST CHOICE: Indicate the first choice for the class date(s) and times, including the total number of training hours.
- SECOND CHOICE: Indicate the second choice for the class date(s) and times, including the total number of training hours.

SECTION C – EXPENSES & JUSTIFICATION

- 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).
- BILLING CODE/REPORTING STRUCTURE: 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., 2016/17, 2017/18, etc.).
- Secure Budget Analyst (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 DGS OHR 1090 submittal and approval process. A copy of the approved DGS OHR 1090 and certificate of completion 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 DGS OHR 1090. Employees must follow their office's DGS OHR 1090 submittal requirement and/or approval process.

SECTION A - EMPLOYEE INFORMATION

Instructions:
1. Complete the information for each employee taking the identical class.
2. Attach this list to the DGS OHR 1090 form when routed for office and accounting invoice payment approvals.

SECTION A - EMPLOYEE INFORMATION						
EMPLOYEE NAME	ABMS #	FI$CAL ID	CLASSIFICATION	CBID	WORK PHONE	EMAIL ADDRESS