

TRAINING REQUEST FORM



☆ County

Date: 11-2-16

Employee Name: Lori J. Olson

Education/Meeting Title: Assessment Laws and Procedures with Ethics (ALP)
(no abbreviation/acronyms, please)

Date of Offering: January 23-26, 2017 Location/City: St. Paul, MN 55119

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting. *I am requesting this training so I can serve the residents of Faribault County. I will be learning about property tax laws in MN, real estate law + assessment procedures + includes 3-hr Ethics course. This is the first class in order for me to obtain my CMA.*

Supervisor: In a paragraph, explain why this request is being made.
This class is necessary for Lori to be successful in her present position as Senior Tech. Admin Assist.

Is this training for professional certification (ie P.O.S.T. license)
 specific to employee's job title (ie: conference)
 other

Do we need to cut a check for: (requests made after the date of the training are not guaranteed payment)

1. Registration/tuition fee Yes No – they will bill us No – Charged to County credit card*

If the following are left blank, payment will **NOT** be made by the Auditor's office.

Fee amount: \$ 380.00 Date to issue check: _____

Account #: _____ Attach and mark any documentation that needs to go with the check

Make check payable to: _____

Mailed directly to : _____

Do you wish to be considered for reimbursement for:

2. Hotel accommodations Yes No Charged to County credit card*
3. Meals Yes No
4. Mileage Yes No
5. Miscellaneous expenses Yes No

If yes, give brief explanation of expenses This class requires four nights in a motel + meals

Do you request an advancement on expenses? NO If yes, how much \$ _____

Lori J. Olson
Employee Signature

[Signature]
Supervisor Signature

REQUESTS NEED TO BE SUBMITTED TO CENTRAL SERVICES THE **THURSDAY BEFORE** A BOARD MEETING IN ORDER TO BE CONSIDERED FOR APPROVAL BY THE COUNTY BOARD.

*Note that neither Central Services nor the Auditor Treasurer are responsible for making payments via County credit card on your behalf. You and/or your department head should make payments with your department's County credit card.



TRAINING REQUEST FORM

Date: 11-4-16

Employee Name: Lori J. Olson

Education/Meeting Title: Basic Appraisal Principles
(no abbreviation/acronyms, please)

Date of Offering: July 24-27, 2017 Location/City: St. Cloud, MN 56301

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting. *I am requesting this training so I can serve the residents of Faribault County. This class provides an overview of real property concepts + characteristics, legal considerations, value influences, real estate finance, types of value, economic principles, real estate markets, analysis + ethics in appraisal through lecture + problem solving*

Supervisor: In a paragraph, explain why this request is being made. *My expectations are for Lori to obtain her CMA Licensure. We are re-building the Assessors Department - it is necessary to have a firm foundation hence Lori needs the basic classes to be successful in her position.*

Is this training for professional certification (ie P.O.S.T. license)
 specific to employee's job title (ie: conference)
 other

Do we need to cut a check for: (requests made after the date of the training are not guaranteed payment)

1. Registration/tuition fee Yes No - they will bill us No - Charged to County credit card*

If the following are left blank, payment will **NOT** be made by the Auditor's office.

Fee amount: \$ 430.00 Date to issue check: _____

Account #: _____ Attach and mark any documentation that needs to go with the check

Make check payable to: _____

Mailed directly to : _____

Do you wish to be considered for reimbursement for:

2. Hotel accommodations Yes No Charged to County credit card*
3. Meals Yes No
4. Mileage Yes No
5. Miscellaneous expenses Yes No

If yes, give brief explanation of expenses This class requires four nights in a motel + meals

Do you request an advancement on expenses? NO If yes, how much \$ _____

Lori J. Olson
Employee Signature

[Signature]
Supervisor Signature

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TRAINING REQUEST FORM



Date: 11-4-16

Employee Name: Lori J. Olson

Education/Meeting Title: Basic Appraisal Procedures
(no abbreviation/acronyms, please)

Date of Offering: August 7-10, 2017 Location/City: St. Cloud, MN 56301

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting. *I am requesting this training so I can serve the residents of Faribault County. This class provides an overview of real estate appraisal approaches to valuation, procedures, value, property description, residential applications, commercial applications, improvement construction, home inspection, and appraisal math through lecture + problem solving*

Supervisor: In a paragraph, explain why this request is being made. *This class is a requirement to obtain the minimum level of licensure within the Assessor's Dept. As Supervisor of this Department I find it necessary for all employees to obtain the CMA licensure.*

Is this training for professional certification (ie P.O.S.T. license)
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Employee Signature Lori J. Olson

Supervisor Signature [Signature]

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