



TRAINING REQUEST FORM

Date: 11-4-16

★ County

Employee Name: Brady Rauenhorst

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

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

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting.

Required training to obtain CMA.

Supervisor: In a paragraph, explain why this request is being made.

First course of several required to perform duties as Property Appraiser for FA Co.

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 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 training will require 4 overnight stays.

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

Brady Rauenhorst
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

☆ **County**

Employee Name: Brady Rauenhorst

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

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

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting.

Required training to obtain CMA.

Supervisor: In a paragraph, explain why this request is being made.

Required course for licensure.

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 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 training will require 4 overnight stays.

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

Brady Rauenhorst
Employee Signature

[Signature]
Supervisor Signature

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TRAINING REQUEST FORM

Date: 11-4-16

☆ **County**

Employee Name: Brady Rauenhorst

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

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

Requestor: In a paragraph, explain why this training is being requested, course content, certification requirements, and what you expect to gain from the meeting.

Required training to obtain CMA,

Supervisor: In a paragraph, explain why this request is being made.

Course required to obtain licensing.

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)

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Brady Rauenhorst
Employee Signature

[Signature]
Supervisor Signature

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