



☆ County

# TRAINING REQUEST FORM

Date: 11-2-2016

Employee Name: Amy Scholtes

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

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

This is the first required course for my CMA level of licensure. It is an introductory 28-hour course that I will learn about property tax laws in MN, real estate law and assessment procedures.

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

*This is a requirement for Amy to obtain the first level of licensure necessary to perform her job duties as property appraiser for PA 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 in St. Paul.

Do you request an advancement on expenses?  No  Yes, how much \$ \_\_\_\_\_

Amy Scholtes  
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: 11-2-2016

Employee Name: Amy Scholtes

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

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

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

This is the second required course for my CMA license. It is an introductory 28-hour course with emphasis on the three approaches to value, among an overview of real property concepts and characteristics, legal considerations and much more.

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

*Required course toward CMA license which is the 1st level of licensure toward her AMA which is necessary to perform her job duties.*

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 in St. Cloud.

Do you request an advancement on expenses? No If yes, how much \$ \_\_\_\_\_

[Signature]  
Employee Signature

[Signature]  
Supervisor Signature

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# TRAINING REQUEST FORM

Date: 11-2-2016



Employee Name: Amy Scholtes

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

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

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

This is the third required course for my CMA license. It is an introductory 28-hour course that provides an overview of real estate appraisal approaches to valuation, procedures, value, property description, improvement construction and appraisal math through lecture and problem solving.

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

*Necessary Class to Obtain Licensure needed to execute job duties.*

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

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

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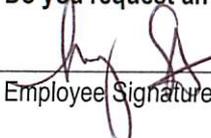
Mailed directly to : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 in St. Cloud.

Do you request an advancement on expenses?  No  Yes, how much \$ \_\_\_\_\_

  
Employee Signature

  
Supervisor Signature

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