

The University of Tennessee Health Science Center

Human Resources

Request for Additional Training Credit

This form may be submitted to request additional training credit for courses taken outside the UT Human Resources office. Please include all requested information.

Employee Name Last _____ First _____ Middle _____
Personnel # _____ **Title** _____
Responsible Cost Center # _____ **Cost Ctr Name** _____
Email Address _____ **Phone #** _____

Event Information:

Title of Event: _____

Date(s) Attended: _____ to _____

Location of Event: _____

Sponsoring Organization: _____

Number of Training Credit Hours Requested: _____

Please provide a brief description of the purpose of the program:

Event Category:

- Class Web-based Training Conference/Seminar
 Institute CPS Recertification

Presenter(s) Information (if applicable):

Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee

Signatures:

Employee Signature _____ *Date* _____ *Department Head Signataure* _____ *Date*

Please return completed form to:

**The University of Tennessee
Human Resources
910 Madison, Suite 727
Memphis, TN 38163**

For questions, call the HR office, (901) 448-5600