

**DEPARTMENT OF FORENSIC SCIENCE  
REQUEST FOR CONTINUING EDUCATION AND TRAINING**

Requestor's Name: \_\_\_\_\_

Laboratory/Section: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Type of Training:

- Technical
- Conference/Symposium
- Staff Development
- Safety
- Other (describe below)

Description of Request: (summarize nature of training, location, dates (inclusive of travel), perceived benefits, potential cost to DFS, etc.)

List training/conferences that you have attended in the previous twelve months:

Attach a description of the training (e.g., training syllabus, program, conference schedule). See QM ¶19.8 for further details.

Approvals (signature and date):

Supervisor: \_\_\_\_\_  Approved  Disapproved

Laboratory Director: \_\_\_\_\_  Approved  Disapproved

Program Manager (Technical/Conferences): \_\_\_\_\_  Approved  Disapproved

Director of Technical Services (Technical/Conferences): \_\_\_\_\_  Approved  Disapproved

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