MISSISSIPPI
Form DHS-213
Issued 07-01-90

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

REQUEST TO ATTEND STAFF DEVELOPMENT COURSE WORKSHOP, OR SEMINAR

Date of Request: _____

Name: _____

Division/Office: _____

Location: _____

Position: _____

Title of Course, Workshop, or Seminar: _____
(Attach a copy of schedule, brochure, agenda, etc.)

Date: _____
(Beginning and ending dates)

Location of Course, Workshop, or Seminar: _____

Cost: _____

Brief Description of Training Event and its Relevance to Your Job:

_____

_____

_____

Signature or Employee: _____

Recommendation:

[ ] Approve [ ] Disapprove _____ _____
Immediate Supervisor Date

[ ] Approve [ ] Disapprove _____ _____
Division Director/Designee Date

If disapproved, rationale: _____

_____

_____

***If traveling out of state, an Out of State Travel Request Form must be completed also.**