Training / Seminar Approval Form

UNIGINAL

Department Name:	Information Technology				• • • •
Seminar Name:	ICND1 – Interconnection Cisco Network Devices Develop internal resource – reduce consultant cost				
Purpose:					
Place:	Fort Worth				
Date:	March 17-21, 2014				
Who Will Be Attend	ling:				
Rainey Harvey					
This Training	z/ Seminar is necessary for the f	ollowing	reasons:		
	ed continuing education	xx	Job training		
XX Improv	e work performance		Required certif	fication	
Associate Decision	makan Kama and Camal 4, 41 a	C. 11 1 .	• • •		
Attach Regist	ration Form and Complete the	following	g information:		
Amount of registration \$ \$3,195.00		Date	Date registration is due: When Approved		
Return	check to department head				
XX Request Treasurer to mail check with registration					
If an advance is	requested, attach a completed Johnson	on County	y Travel Form.		
Dept. Head Sig	nature: Wan Milam				
SEND FORM	M TO COUNTY JUDGE'S OFF	ICE			
RECEIVED B	Y COUNTY JUDGE'S OFFICE			DATE:	
APPROVED B	Y COMMISSIONER'S COURT: _	pprove	d by CC: 7 2014	DATE:	-