

Rewards and Recognition
(DOA Personnel Policy No. 33)

Training and Certification Program Pre-approval Request

Section Name: _____ Date: _____

Requested By: _____

Training Certification Name: _____

Issuing Organization: _____

Eligibility Requirements:

Certification Format (including re-certification):

Describe the Benefit to the Agency:

Cost of Training/Certification: _____ Requested Reward Amount: _____

Assistant Commissioner Review

Approved as Requested: Denied (return to Section Head):

Signature: _____ Review Date: _____
Assistant Commissioner of Administration

OHR Review

Reviewed By: _____ Review Date: _____

Previous Reward(s) (if applicable): _____ Date Previous Amount Approved: _____

Recommendation: _____

Deputy Commissioner Review

Approved as Recommended Denied

Approved Other Amount: \$ _____

Signature: _____ Action Date: _____
Deputy Commissioner of Administration