

**State of Louisiana Division of Administration
DOA Personnel Policy No. 33: Rewards and Recognition
Training and Certification Application**

Instructions: This information should be submitted by the Section Head to the Assistant Commissioner for recommendation.

Employee / Section Details

Section: _____ Date: _____

Section Head: _____

Employee Name: _____

Employee Job Title: _____ Personnel #: _____

Justification

Does this employee currently have an overall performance evaluation rating of "Successful" or higher?	<input type="radio"/> Yes <input type="radio"/> No
What is the title of the training or certification received?	
Describe how this training or certification is directly related to the job held by the employee.	
How will this training or certification enhance the employee's ability to perform the job?	
Is the training or certification required as a Minimum Qualification Requirement as outlined on the Job Specification for the job occupied?	<input type="radio"/> Yes <input type="radio"/> No
Is the training or certification considered post-secondary higher education?	<input type="radio"/> Yes <input type="radio"/> No
A copy of the training designation or certificate is attached.	<input type="radio"/> Yes
Was this training or certification paid for by the DOA?	<input type="radio"/> Yes <input type="radio"/> No