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| State of WisconsinDepartment of AdministrationDOA-5171 (R08/2024) | Division of Personnel Management101 E. Wilson St. 4th FlPO Box 7869Madison, WI 53707-7869 |

**Outside Training and Education Request & Authorization**

**Instructions:** *Agencies determine whether to approve time and/or reimbursement for outside training or education as permitted by policy.*

***Since agency policies, practices, and procedures for approving and reimbursing training and education vary, please check with your supervisor or HR department to determine how to submit your request.***

**For DOA employees**: If you will attend training/coursework during normal work hours, if attending training or education requires a determination about pay status, and/or if you are requesting the department to provide payment/reimbursement you must get approval from your Division **prior to**registration. Complete this form (DOA-5171) and submit to your supervisor with documentation as needed. If the supervisor approves, they will forward it to Division leadership for signature.

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| --- | --- |
| **I.** | **Training/Course Information** |
| Training/Course Title | Date(s) (mm/dd/ccyy) | Time(s) |
|  |  |  |
| Training/Course Fee (per person) | Location |
|  |  |
| **II.** | **Registrant Information** |
| Agency |
|  |
| Division | Bureau |
|  |  |
| Employee Name(s) (As Shown On Payroll) | LTE | Are You a Supervisor? | Email Address |
|  | [ ]  | [ ]  Yes | [ ]  No |  |
|       | [ ]  | [ ]  Yes | [ ]  No |  |
|       | [ ]  | [ ]  Yes | [ ]  No |  |
|  |  |
| **III.** | **Benefit of Training/Course** |
| Primary Purpose (check one). Access descriptions of these three training/education categories at [Outside Training and Education](https://dpm.wi.gov/Pages/Employees/OutsideTrainingandEducation.aspx). In addition to completing this form, you must have an approved career development plan in place before beginning any training or coursework. Please check with your supervisor for specific Division requirements for the plan. |
| [ ]  Job Development | [ ]  Career Development | [ ]  Personal Development |
| How do you expect the training/course to benefit you, your work unit, or the department? How will you share what you learn with others? |
|       |
| Did you include this training/course in the Training/Development section of your current ePerformance? [ ] Yes [ ] No |
| **IV.** | **Approval / Denial** |
| [ ]  Approved | [ ]  Denied |  |  |  | [ ]  Approved | [ ]  Denied |  |  |
|  |  |  |  |  |  |  |
| Supervisor Signature |  | Date (mm/dd/ccyy) |  | Division Authority Signature |  | Date (mm/dd/ccyy) |
| Comments if denied: |
|       |