

**STATE OF MARYLAND  
APPLICATION FOR OUT-SERVICE TRAINING AUTHORIZATION**

Major State Department	Agency, Institution or Unit	Agency Code					
Employee Name	Social Security	Entrance on Duty Date	Class Code				
Title of your Position	Duties to Which the Training Relates						
Reason For the Training:							
List of Previous Out-Service Training at State Expense:							
Name & Address of the Training Location:	Course Title and Number:	Semester Hours					
<b>Duration of Training</b> Beginning Date: Ending Date:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Hours of Training</b></td> </tr> <tr> <td>Work Hours</td> </tr> <tr> <td>After Hours</td> </tr> <tr> <td>Weekly Total</td> </tr> </table>	<b>Hours of Training</b>	Work Hours	After Hours	Weekly Total	<b>Estimate of Cost</b>		
	<b>Hours of Training</b>						
	Work Hours						
	After Hours						
	Weekly Total						
		State Paid	Paid By Other	Total			
Registration/Tuition							
Books & Materials							
Travel							
Room/Subsistence							
Estimate of Total Expense							
Details of Expense Paid by Others		Amount of State Expense That is Approved:	Mode of Travel				
I Certify That The Information Given in This Application is Correct and I request Approval.							
_____ Signature of Applicant		_____ Date					
The Administrative Authority of this Agency Endorses this Application as in the Best Interest of the State  Funds are Available  _____ Signature Date: _____	The Secretary of the Department Approves the Application and Recommends the Training Requested  Funds are Available  _____ Signature Date: _____	The Secretary of the Department of Personnel Authorizes This Training as Consistent with Policies, Rules, and Regulations of the State.  Funds are Available  _____ Signature Date: _____					