

**REQUEST FOR IN-SERVICE TRAINING INCENTIVE CREDIT**  
**OFFICE OF TRAINING AND DEVELOPMENT**  
**DIVISION OF HUMAN RESOURCES**  
One Capitol Hill Providence, RI 02908-5867  
222-2877 or 222-2178

**A COMPLETE APPLICATION MUST REACH US 7 DAYS IN ADVANCE**

Page numbers refer to informational Bulletin **IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES**

SOCIAL SECURITY NO: \_\_\_\_\_

**PLEASE PRINT**

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ TEL: \_\_\_\_\_

SERVICE: \_\_\_\_\_ UNCLASSIFIED:  CLASSIFIED:

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REQUEST:**

COURSE TITLE: \_\_\_\_\_

COURSE STARTING DATE: (YY/MM/DD) \_\_\_\_\_

HOURS: (TIMES OF DAY; DAYS OF WEEK) \_\_\_\_\_

COURSE LENGTH: (IN TOTAL HOURS) \_\_\_\_\_ (IN WORKING HOURS) \_\_\_\_\_

SCHOOL OR AGENCY SPONSOR: \_\_\_\_\_

MOST RECENT INCENTIVE COURSE: \_\_\_\_\_

HIGHEST YEAR AND SCHOOL COMPLETED: \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

DEPT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

UNIT: \_\_\_\_\_

**APPLICATION CONTINUED ON REVERSE SIDE**  
**Your Signature is Required**



*over please*

Final credit will be given for this course only if you:

- 1) Received Approval by a **CS-372** in **advance**.
- 2) Obtain Passing grades or satisfactory completion.
- 3) Forward Official Transcripts of external courses to us.

If you do not receive your CS-372 within a reasonable time, please locate your Request, and call 222-2877 in advance of the course.

**Office Use Only**

*Disapproved*  
*Approved*  
**CS-372 Date =**

.....

CATEGORY (SEE pg 2):  
1=\_\_(CHRT) 2=\_\_(Con)  
3=\_\_(Ag.) 4=\_\_(Ind)

CS-365 – Continued for: (applicant name) \_\_\_\_\_

**MY JOB-RELATED OBJECTIVES:** \_\_\_\_\_

\_\_\_\_\_ hereby apply for recommendation and approval to participate in (course title):

I understand that I must receive advance approval and successfully complete this course in order to receive credit toward my future incentive increment. I have consulted the Informational Bulletin and understand the Rules for \*IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIVISION CHIEF OR UNIT SUPERVISOR:**

I have inspected the Personnel Rules or the \*Informational Bulletin (pages 2 and 6 respectively) and nominate this course as directly related to this employee's job duties and career training incentive. Every Department/Agency has a copy of the Personnel Rules available for inspection. For inspection, please contact your personnel office in advance.

Recommended: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(legible signature)*

**DEPARTMENT DIRECTOR:**

I certify that this course is directly related to this employee's job duties, and attendance is approved in accordance with the provisions outlined in the \*Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES.

Recommended: \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE CHECK TO SEE THAT YOUR APPLICATION HAS BEEN COMPLETED**

# You may attach specific supporting documents and your analysis.

\* "Informational Bulletin IN-SERVICE TRAINING PROGRAMS FOR STATE EMPLOYEES" now available by writing or calling the Office of Training and Development.

**QUESTIONS ??? = Telephone: 222-2877 or 222-2178**