Arkansas Department of Human Services
Division of Children and Family Services
Request for Conference/Training

All DCFS requests for conferences or trainings must be completed with all applicable signatures three (3) weeks prior to the conference or training. If there is an early registration date, the request must be submitted one week prior to the early registration deadline. Exceptions can only be approved by the Division Director.

PLEASE ANSWER EACH QUESTION FULLY, IF NOT APPLICABLE PLEASE PUT N/A.

1. Name of Conference/Training _____
2. Location of Conference _____
3. Date of Event: Start Date _____ Concluding Date _____
4. Participants Name and Job Title _____
5. County Office or Section/Unit _____
6. Work Address or Slot Number _____
7. Office Phone _____ Fax Number _____ Cell Phone _____
8. Are you the recipient of a scholarship for this conference/training? Yes ☐ _____
   List scholarship name
   No ☐
9. ACTION REQUESTED BY THE PARTICIPANT *(please check appropriate box(es))*
   ☐ Approval Request Only ☐ Pay Registration Fee ☐ Make Hotel Reservation
10. Accommodation Information:

    Name of Roommate, if applicable _____

    Check- In Date _____ Check-Out Date _____
11. ATTACHMENTS (REQUIRED): ☐ Brochure ☐ Completed Registration Form
12. Comments/Special Needs/ADA

Justification and Approval

Participant: What skills, knowledge and/or information do you hope to gain from this conference/training to enable you to perform your job duties more effectively?

Supervisor: What training need(s) does this conference/training address for this individual?

Participant: How do you plan to share what you learned at this conference/training with your colleagues?

Supervisor: Will you support the participant's plan to share what he or she has learned (i.e., transfer of learning) as the participant describes above? If not, what is your proposal to help facilitate the transfer of learning to others in your office?

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_____ _____ ☐ Approved ☐ Disapproved

Immediate Supervisor Date

_____ _____ ☐ Approved ☐ Disapproved

Area Director Date

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DCFS Professional Development Unit Comments/Information:

_____ _____ ☐ Approved ☐ Disapproved

Assistant Director/Director Date