



## PINAL COUNTY TRAINING AGREEMENT

<b>Employee Name (Print):</b>	<b>Department:</b>	<b>Business Phone:</b>

<b>Training Class:</b>	<b>Date(s):</b>

**Cost:**

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<b>Employee Signature:</b>	<b>Date:</b>

**I authorize Pinal County Human Resources to debit:**

<b>Fund #</b>	<b>Cost Center #</b>

**...departmental budget for the cost of this training and material. I understand that my department is responsible for the training costs if my employee is unable to attend the session and a replacement can not be found.**

<b>Approving Manager (Print):</b>	<b>Signature of Approving Manager:</b>