

**USUHS  
ON-SITE/COURSE NOMINATION FORM**

**This form is a nomination form and does not guarantee placement in any course until your selection has been confirmed in writing, by phone or by E-mail message.**

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**Employee-s Name:**

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**Series/Grade/Title:**

**Department:**

**Extension:**

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**Course Title:**

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**Location:**

**Dates:**

**Time:**

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**If you are disabled, will you need special accommodations?**     **Yes**     **No**

**If yes, please call the Training Office or describe disability below:**

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\_\_\_\_\_  
**Employee-s Signature**

\_\_\_\_\_  
**Date**

**This course is job-related; I approve the employee-s request to attend.**

\_\_\_\_\_  
**Supervisor-s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Training Officer-s Signature**

\_\_\_\_\_  
**Date**

**Course completion:**

\_\_\_\_\_  
**Training Officer**

\_\_\_\_\_  
**Date**