

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
REQUEST FOR FUNDING OF OUTSIDE TRAINING**

The Training and Cultural Competency Bureau will fund appropriate Requests for Outside Training which are approved by the respective supervisor/manager and Deputy Director and which are consistent with DMH Policy #106.4.

DATE OF REQUEST: \_\_\_\_\_ COST CENTER #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ PROFESSIONAL LICENSE NO. \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

PGM/DIV: \_\_\_\_\_ CalWORKs Staff: YES\_\_\_ NO\_\_\_

DATE(S) OF TRAINING: \_\_\_\_\_ LOCATION OF TRAINING: \_\_\_\_\_

TITLE OF TRAINING PROGRAM: \_\_\_\_\_

PROGRAM SPONSOR: \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_

JUSTIFICATION: Describe how the Department will benefit from your attendance at this training program. The brochure/informational bulletin must be attached to this request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Deputy Director/Division  
Manager Signature

\_\_\_\_\_  
Date of Deputy Director/ Division Manager  
Approval

If you have any questions, please contact Glenda Green at (213) 738-2331

**TO BE COMPLETED BY TRAINING AND CULTURAL COMPETENCY BUREAU**

Request for funding is \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Justification: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Assistant Director

\_\_\_\_\_  
Date