

TEMA Regional Office:

West  Middle  Southeast  East

From: \_\_\_\_\_  
Requestor

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_ Need Instructor  Need Books  Need Location

Instructor: \_\_\_\_\_ Classroom Delivery  Open Course   
Virtual Delivery  Closed Course

Adjuncts: \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ Number of Students: \_\_\_\_\_

Location: \_\_\_\_\_  
Street Address City County

Travel is requested for \_\_\_\_\_ for \_\_\_\_\_ (Requires TEMA STO Approval)  
Number of Persons Number of Nights

\_\_\_\_\_  
Date Signature of Requestor

To: \_\_\_\_\_ TEMA Training From: West  Middle  Southeast  East

Region has books  Region needs books

I have **reviewed** the above request and recommend  Approval  Disapproval.

Assigned Instructor is: \_\_\_\_\_

\_\_\_\_\_  
Date Regional Director

- 1. Are students traveling into area to attend the course? Yes  No
- 2. Instructor Status:
  - a. Number of required instructors.
  - b. Are instructors virtual? Yes  No  Both
  - c. Is transportation required for instructors? Yes  No
  - d. Are instructors traveling into area to deliver the course? Yes  No
- 3. Lodging requirements Are overnight stays (lodging) required? Yes  No

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\*\*This course request form supersedes all other course request forms. No other forms will be accepted. This form must be submitted to the TEMA regional office and forwarded to TEMA Training for review and approval.

Thru:

FROM: TEMA Training

West  Middle  Southeast  East

To: \_\_\_\_\_  
Requestor

1. The above course is Approved / Disapproved.
2. Travel is Approved / Disapproved
3. Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date                      TEMA HQ Training Section - STO

Date Received		
	Initials	Date
Instructor Verified		
Course Material		
In TMS / Acadis		
On Calendar		
Returned to Region		