

**Fort Bend County Juvenile Probation**  
**Training Request Form**

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| <b>Employee Name:</b> <u>Leonard Marshall</u>      | <b>Date of Request:</b> <u>12/20/23</u>      |
| <b>Employee Cell Phone No:</b> <u>832-683-5150</u> |  |
| <b>Title of Training:</b> <u>ACA Conference</u>    | <b>Training Date(s):</b> <u>04/11-13/24</u>  |
| <b>Training Start Time:</b> <u>04/11/24</u>        | <b>End Time:</b> <u>04/13/24</u>             |
| <b>Training Hours:</b> <u>15-26</u>                | <b>Training Location:</b> <u>NEW ORLEANS</u> |

What is the basis of your request:

- |   |  |
|---|--|
| <input type="checkbox"/> Law, Regulation or Policy (compliance) | <input type="checkbox"/> Improve efficiency                  |
| <input type="checkbox"/> New or revised procedure or process    | <input checked="" type="checkbox"/> Professional development |
| <input type="checkbox"/> New or revised system implementation   |  |

**Estimated Expenses:**

|   |   |
|---|---|
| Registration Fee: (attach all training information) <u>399.00</u> |   |
| Room <u>3</u> day(s) x \$ <u>184</u> /day(s)                      | <u>\$552</u> (# of days x \$ daily rate) <i>Hotel per Diem Rate \$184</i> |
| Meals <u>4</u> day(s) x \$59.00/day                               | <u>\$236.00</u> (refer to guidelines)                                     |
| <b>Total:</b> <u>\$1312.00</u>                                    |   |

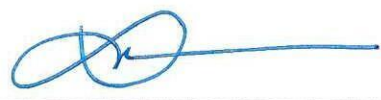
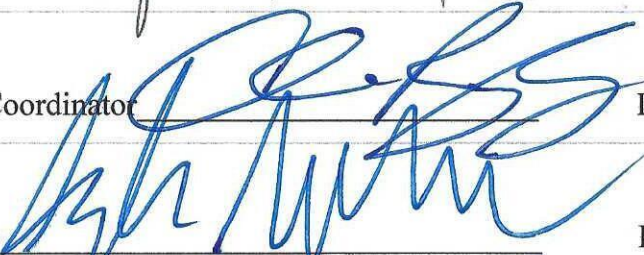
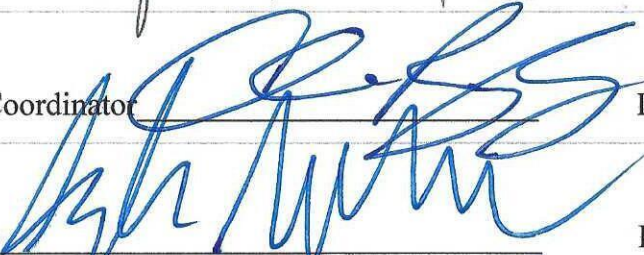
**Transportation:**

|   |
|---|
| <input type="checkbox"/> County Vehicle: (refer to guidelines regarding reserving vehicle)              |
| <input type="checkbox"/> Automobile: _____ miles x \$0.655 (refer to guidelines regarding mileage rate) |
| <input type="checkbox"/> Airfare: _____   |
| <b>Transportation Total:</b> \$ <u>0</u>  |

**Total Training Cost: \$**

(Estimated Expenses and Transportation total) \$ 1312.00

I understand all the guidelines that apply for attending the requested training, seminar, workshop and/or conference. I also understand that once I am approved to attend this training, I am required to attend all sessions as per the program schedule.

|  |                         |
|--|-------------------------|
| Employee Signature    | Date: <u>12/21/23</u>   |
| Supervisor <u>Philip A. Keene IV, Ph.D.</u>  | Date: <u>12/21/2023</u> |
| Training Coordinator  | Date: <u>12/26/2023</u> |
| Chief JPO             | Date: <u>12/26/2023</u> |