



PINAL • COUNTY  
*wide open opportunity*

## PINAL COUNTY TRAINING AGREEMENT

**Employee Name (Print):**

**Department:**

**Business Phone:**

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**Training Class:**

**Date(s):**

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**Cost:**

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**Employee Signature:**

**Date:**

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

**Fund #**

**Cost Center #**

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**...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.**

**Approving Manager (Print):**

**Signature of Approving Manager:**

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