

Rewards and Recognition
(DOA Personnel Policy No. 33)

Training and Certification Application

Section Name: _____ **Date:** _____

Section Head: _____

Employee Name: _____

Employee Job Title: _____ **Personnel #** _____

- 1) Does this employee currently have an overall performance evaluation rating of “Successful” or higher?

Yes ☐ **No** ☐

- 2) What is the title of the training or certification received?

- 3) Describe how this training or certification is directly related to the job held by the employee?

- 4) How will this training or certification enhance the employee’s ability to perform the job?

- 5) Is the training or certification required as a Minimum Qualification Requirement as outlined on the Job Specification for the job occupied?

Yes ☐ **No** ☐

- 6) Is the training or certification considered post-secondary higher education?

Yes ☐ **No** ☐

- 7) Provide a copy of the training designation or certificate.

- 8) Was the training or certification paid for by the DOA?

Yes ☐ **No** ☐