



# OHIO DEPARTMENT OF NATURAL RESOURCES

## Request for approval of external professional development activities

**\*\*Employees should use the "Out of State Travel" form in place of this form if, and only if, out of state travel is required\*\***  
Please Print or Type

Employee Name \_\_\_\_\_

Employee Division/Office: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Type: \_\_\_\_\_  
*(e.g., Training, Education, Convention, Professional Assn. Meeting, etc.)*

Event Sponsor/Provider: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s) and Time(s): \_\_\_\_\_  
\_\_\_\_\_

If paid for by department funds, what is the total cost for the event? \$ \_\_\_\_\_

How will attendance at this event help improve your performance in your current position and/or benefit the overall mission of ODNR? *(Attach all program agendas)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach copies of information covering event description, date(s) and time(s) and cost *(if required)* from the sponsor's or provider's brochure or other information.**

Employee Supervisor Signature: \_\_\_\_\_  Recommended  Not recommended  
Number of hours approved: \_\_\_\_\_

### SIGNATURES OF APPROVAL

|  |      |                                       |      |
|--|------|---------------------------------------|------|
| Regional/Intermediate Supervisor (if required) | Date | Fiscal Officer (if paid for by Dept.) | Date |
| Division Chief or Designee                     | Date | Director or Designee                  | Date |