



**Facilities Management**

**FACILITIES MANAGEMENT**  
*REQUEST FOR TRAINING,  
CERTIFICATION/LICENSE & PROFESSIONAL  
MEMBERSHIPS*

Form to be submitted when requesting training, seminars, (internal and external), certifications/licenses (new or renewals), professional memberships, subscriptions, code books, etc. Attach documentation providing information on course content, fees, lodging costs, dates, location, dues, etc. Employee shall submit to Payroll Services Assistant for processing.

**Email training requests to [fm\\_payroll@jmu.edu](mailto:fm_payroll@jmu.edu)**

Name _____	Date _____	PSoft # _____	Pos. # _____	Org. # _____	
Title of Course/Seminar _____				Acct # _____	
Justification _____					
Requested class for license _____ renewal or _____ new		Renewal Fee for Class/License \$ _____			
Dates: _____		Location _____		Depart/Return _____	
Registration \$ _____	Hotel \$ _____	Meals \$ _____	Other \$ _____	Total \$ _____	
Membership/Subscription/Code Books \$ _____ renewal or _____ new					
Web Address _____					
If flying, name as it appears on driver's license _____				Date of Birth _____	
Airport Rental Car Needed?	Yes	No	Uber or taxi?	Yes	No
Pool Car?	Yes	No	Shop Car?	Yes	No
DMV Paperwork _____ Added in ChromeRiver _____					

If traveling and registration fee is needed, submit a short summary on what will be learned and how it will benefit your position to the Payroll Services Assistant.

Upon approval, the Payroll Services Assistant will notify the employee, prepare/process required forms, register employee for class, make travel arrangements, renew subscriptions/memberships, order books, etc. Paperwork will be submitted to FM Accounting.

**Upon return – Submit all receipts to the Payroll Services Assistant for processing a refund and reporting actual hours of training for credit. The Learning summary will need to be filled out upon your return if there was a registration fee for the training and if employed by the University for at least one year.**

Hours of training \_\_\_\_\_; Copy of form/MyMadison instructions to associate on \_\_\_\_\_

# James Madison University Learning Summary

**Name of Traveler:** Click here to enter text.

**Conference Name:** Click here to enter text.

**Employee ID:** Click here to enter text.

**Conference Dates:** Start Date - End Date

**Department:** Click here to enter text.

**Location:** Click here to enter text.

**What did you learn?** Click here to enter text.

**How will it benefit you in your position?** Click here to enter text.

**How will it benefit JMU?** Click here to enter text.

## Sessions/Workshops Attended:

- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.