



* Denotes REQUIRED Fields-All fields Must be complete to process!

*Submitted by	*Date	*Department Name	*Ext #	*Fax #
---------------	-------	------------------	--------	--------

*Course Name-Must submit New TRF for each class needed				Preferred time and date if known		
	*TM Name	*Badge Number / *Shift / *Title	*Cost Center #	Supervisor	Ext #	Technical Support Phone #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*GL / Supervisor or above signature required		*Date
*Print Name	*Signature	
Note! If Manager/E4 or above will be a course participant, supervisor's signature is required.		

TRAINING REQUEST COORDINATOR RECEIVED ON: RECEIVED BY: SENT TO COORDINATOR ON:	PROGRAM RESPONSIBLE COORDINATOR RECEIVED ON: RECEIVED BY: COORDINATOR: DATE: INFORMED SUBMITTER ON:
--	---

- The above mentioned request has been accepted. **This is your Confirmation.**
The course (if internal) will take place in room _____ on _____ from _____ at the Training Center.
The course (if external) will take place at _____ on _____. **Please make your travel arrangements at this time.**
- The above mentioned request cannot presently be accommodated; your name has been put on the waiting list. **Waiting lists will be active until end of each year.**
- We are waiting on **payment approval**; we will contact you when approved.
- Please contact your Training Coordinator _____ at Ext _____
- # Other _____

Fax to AIDT at x2299, or scan to email and send to: aidt.forms.inbox@daimler.com

