

## **Training Request Form Instructions**

Either the staff member or his/her supervisor may complete this form to request supplementary training from the Anesthesia Finance Office (AFO). It is expected that the staff member review and take available training posted on the Controller's Office and all other applicable University resources prior to the training session. This allows for a more productive and efficient training session.

Whenever possible, we encourage the trainee bring questions and actual examples to help facilitate the training.

**Please submit the completed form via email to Tricia Bustos,  
Patricia.Bustos@ucsf.edu**

The AFO will reply with an invitation no more than two business days upon receipt of request. Training sessions are scheduled for one hour, please note in your request if more time is needed.

A copy of the Training Request Form will be provided to the trainee and supervisor for their records.

# Training Request Form

Staff Name:  
Date Requested:

Requested By:

Training Availability: please list at least three

- |         |      |         |      |
|---------|------|---------|------|
| 1) Date | Time | 4) Date | Time |
| 2) Date | Time | 5) Date | Time |
| 3) Date | Time | 6) Date | Time |

Please check the areas where training is needed, feel free to add notes for more specific needs

## Bear Buy

Purchasing	<input type="checkbox"/>	
Catalog		<input type="checkbox"/>
Non-Catalog		<input type="checkbox"/>
Amount-Based		<input type="checkbox"/>
Facility		<input type="checkbox"/>
Standing-Order		<input type="checkbox"/>
Other		<input type="checkbox"/>
Payment Request Form		<input type="checkbox"/>
Meeting & Entertainment Form		<input type="checkbox"/>
America To Go (ATG)		<input type="checkbox"/>
Receiving/Packing Slips	<input type="checkbox"/>	

Notes:

## MyExpense

Miscellaneous	<input type="checkbox"/>
Travel Domestic	<input type="checkbox"/>
Travel Foreign	<input type="checkbox"/>
Meeting & Entertainment	<input type="checkbox"/>
Other	<input type="checkbox"/>

Notes:

## Events

Catering & Venue	<input type="checkbox"/>
Exceptional Approval	<input type="checkbox"/>
Catering ONLY	<input type="checkbox"/>
Other	<input type="checkbox"/>

Notes:

**Recharge**

- Dietary
- Education
- Printing
- Parking
- Facilities
- Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Notes:

**Receipts**

Notes:

**Backup**

Notes:

**Other**

Notes:

***To be completed by the AFO, upon completion of***

***training:*** Trainer:

Date of Training:

Location:

Notes:

Copy provided to employee supervisor:

YES

NO

Via:

Date:

Supervisor: