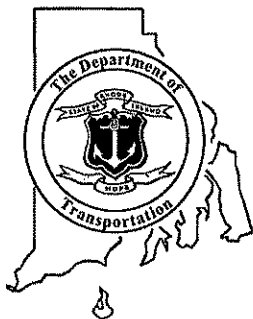


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

INTER-OFFICE MEMORANDUM



TO: Distribution List

DATE: December 12, 2008

FROM: Michael P. Lewis  
Director

A handwritten signature in black ink, appearing to read 'Michael P. Lewis', is written over the 'FROM' field of the memorandum.

SUBJECT: **Employee Training Courses, Seminars or Conferences**

***No RIDOT manager, supervisor or employee will arrange, obligate or enjoin any entity for training services without first complying with the mandates of this directive.*** This directive mandates required internal accountability practices for any individual or group employee training requests or needs. The Department intends for all personnel to receive needed skills, technical or professional training to do their jobs and prepare them for any changing technologies or increasing responsibilities. In order to manage the limited availability of financial resources, the following administrative steps are being implemented, immediately:

1. Any Division/Section/Unit Head in need of individual or group training will submit, in writing, their request to the Office of Human Resources for review and prior written approval. A detailed request, in the attached two Part A & B formats, must be submitted for every individual or Division/Section group training offering. No financial obligation may be incurred with any training provider without first obtaining written authorization from the Human Resources Administrator and the Associate Director Financial Management.

Employees who enroll to participate in any group training courses or seminars are expected to attend all daily sessions where multiple days are involved, and must be sure to sign-in each day of training on any sign-in sheets provided.

2. Individual employee requests for DOA Office of Training & Development (OTD) courses or incentive credits are to be submitted in the same format and with accompanying documentation at least seven (7) days in advance as currently exists to the Office of Human Resources.
3. Individual employee requests for educational/training course leave and/or reimbursement approval are to be submitted in the same format and with accompanying documentation at least seven (7) days in advance as currently exists to the Office of Human Resources.

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Any questions regarding employee career training should be directed to the Office of Human Resources at 222-2572.

Attachments

cc: William Alves  
Kazem Farhoumand, PE  
Robert A. Shawver, PE  
Michael Abbbruzzi  
David J. Sasso  
Phillip Kydd  
Namvar Moghadam

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Silva, Jay  
Smith, Robert  
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File



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
HUMAN RESOURCES SERVICE CENTER

Two Capitol Hill, Room 214  
Providence, Rhode Island 02903-1124  
Phone (401) 222-2572; Fax (401) 222-2574

**SUPERVISORY REQUEST FOR TRAINING COURSE, SEMINAR OR  
CONFERENCE**

**A completed request must reach HR at least 10 days in advance with all  
pertinent documentation attached.**

*You must have a written approval in hand from the Office of Human Resources prior to the start of the course,  
seminar or conference.*

**PLEASE PRINT**

DIVISION/SECTION SUPERVISOR REQUESTING TRAINING ON BEHALF OF A GROUP:

\_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ BUSINESS E-MAIL: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DIVISION: \_\_\_\_\_ SECTION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

COURSE/SEMINAR/CONFERENCE TITLE: \_\_\_\_\_

BRIEF TRAINING DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

TRAINING SPONSER/ PROVIDER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

(Times; Days of week) \_\_\_\_\_

COURSE LENGTH: (In total learning hours) \_\_\_\_\_ OTD Incentive Credit Eligible: \_\_\_\_\_

ESTIMATED TOTAL COST: \$ \_\_\_\_\_ COST PER EMPLOYEE \$: \_\_\_\_\_

ACCOUNT FUNDING SOURCE: \_\_\_\_\_

OVER PLEASE.....



# Group Training Funding Request

**LOGISTICS:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ Location: \_\_\_\_\_

**TRAINING DESCRIPTION:** \_\_\_\_\_

**PERSONNEL INVOLVED:**

Employee Name	Title	Section

**SOURCE & ESTIMATED COSTS FOR ACTIVITY (Include any travel, lodging, registration fee, instructor, facility fees, etc.)**

Federal: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Other: \_\_\_\_\_

**PURPOSE OF TRAINING:** \_\_\_\_\_

**Reviewed & Recommend:**

/ _____ Division/Section	Design, Schedule & Attendees Yes      No <input type="checkbox"/> <input type="checkbox"/> Overall Appropriateness Yes      No <input type="checkbox"/> <input type="checkbox"/> Funding Availability Yes      No <input type="checkbox"/> <input type="checkbox"/> All of the above Yes      No <input type="checkbox"/> <input type="checkbox"/>	_____ Date
/ _____ Human Resources Administrator	Yes      No <input type="checkbox"/> <input type="checkbox"/> Yes      No <input type="checkbox"/> <input type="checkbox"/>	_____ Date
/ _____ Associate Director Financial Management	Yes      No <input type="checkbox"/> <input type="checkbox"/>	_____ Date
/ _____ Director/Deputy Director	Yes      No <input type="checkbox"/> <input type="checkbox"/>	_____ Date