STATE OF MARYLAND
APPLICATION FOR TRAVEL AND
OUT-SERVICE TRAINING AUTHORIZATION

Major State Department DPSCS	Agency, Institution, or Unit		Agency Code 35.01.01
Employee's Name (Last, First, M.I.)	Social Security Number	Position Classification	Phone Number
Duties To Which Requested Training Relates:			Probation Over?
If Approved Career Development Plan is on file, please indicate:			
Reason For Training: Agency Need ☒ Career Development ☐ Job Related ☒ N/A _____ _____			
Please Indicate Type of Training: Long Term ☐ Short Term ☒ Tuition Reimbursement ☐ NA			

TRAINING APPLIED FOR

Name and Address of Organization Providing Training:	
Course Title (and Number):	Semester Hours:
MUST Attach Brochure or Catalog Describing Course	

Duration of Training: Beginning Date _____ Ending Date _____
Hours Per Week: Working Hours _____ After Work 0 Weekly Total _____

TRAVEL APPLIED FOR AND PURPOSE

Location of Travel:	
Purpose of Travel):	Distance to Destination Minus Daily Commute Mileage to Office
MUST Attach Google Maps for Reference	

ESTIMATE OF FUNDING SOURCES

	State Payments	Payment by Self/Others	Total
Registration or Tuition			
Books, etc.			
Travel			
Room and Meals			
Estimated Total			
Amount of State Payments Approved $		Method of Travel	

I Certify That The Information Given in This Application is Correct and Request Approval

_____

Applicant's Signature and Date

The appointing authority of this Agency approves this application and certifies that funds are available.	**The Secretary of the department approves this application and recommends the training requested.**	**Office of Personnel Services and Benefits authorizes this training as consistent with policy and guidelines.**
_____ (Sign)	_____ (Sign)	_____ (Sign)
_____ (Date)	_____ (Date)	_____ (Date)
_____ (Title)	_____ (Title)	_____ (Title)

OBLIGATED OUT-SERVICE TRAINING AGREEMENT

This Obligated Service Agreement, herein referred to as "agreement," is entered into by and between the below named employee and the State of Maryland.

In consideration of job assignments and benefits which may accrue hereafter, the employee agrees to the following:

1. I am interested in receiving out-service training as indicated on the reverse side of this agreement.

2. If the training is authorized, (a) I will participate in and complete the course to the best of my ability unless my withdrawal is required by or acceptable to the appointing authority of my department, agency or institution, and (b) I will remain an employee of the State of Maryland following completion of training for a period equal to three times the number of working hours spent in out-service training.

3. I agree that the number of hours spent in out-service training shall be computed by the Department of Budget and Management from appropriate records, and that the period of obligated service shall commence on the first work day following completion of the training.

4. It is agreed that any salary, pay or compensation paid me by the State of Maryland while undergoing full-time out-service training shall be considered a loan and such loan shall be exonerated at the rate of on month's pay for each three months of employment after completion of training. If enrolled in a work-study program, the loan shall be exonerated at the rate of one month's pay for each one and one-half months of employment after the training period.

5. If I fail to remain an employee of the State of Maryland for the full period of obligated service, I agree to repay the State on a pro rata basis as stated in #4. above any pay or compensation due the State for my participation in this training. I understand, if in the judgment of the Secretary of the Department of Budget and Management my separation is necessitated by adverse, unforeseen and extenuating circumstances that impose undue personal hardship, I may be released from this agreement.

6. If, prior to the expiration date of my training or obligated service under this agreement, I enter the service of another State of Maryland agency, no reimbursement for tuition or related fees shall be due the State.

7. I agree that amounts which become due the State of Maryland as a result of my failure to meet the terms of this agreement may be withheld from any moneys due me from the State of Maryland.

_____ _____

Date *Signature of Employee*
STATE OF MARYLAND

_____ _____

Date *Secretary of Budget and Management*