

APPLICATION TO ATTEND STATE FINANCIAL MANAGEMENT CERTIFICATE COURSE(S)

Employee's Name:

Employee I.D. #:

Office Location:

Position #:

State Job Title and Code:

I understand that based on my job title, and in accordance with SOP IVO07-0050, I am eligible to attend the outlined levels of State Financial Management Certificate courses. (Employees on positions with a red flag 5 may not be eligible.)

Employee's Signature

Date

This is to verify that the above employee, for a significant portion of his/her job, reconciles bank accounts, produces accounting transactions documents, and/or maintains trust/agency fund accounts in regard to official state business as outlined on his/her current Performance Management Plan. I recommend that the above employee be approved to attend the following parts of the governmental accounting series: *(Check all that apply)*

Introductory Governmental Accounting, Part I & II

Intermediate Governmental Accounting, Parts I & II

(Print) Name of Immediate Supervisor:

Immediate Supervisor's Job Title:

Signature of Immediate Supervisor:

Date:

(Print) Name of Appointing Authority:

Appointing Authority's Job Title:

Signature of Appointing Authority:

Date:

Approved Disapproved

Note: This application must be submitted with the appropriate registration materials.

Retention Schedule: Permanent retention in the local personnel file.