

U.S. Department of Housing and Urban Development
HUD LEARN

Request and Authorization of HUD Virtual University

Employee's Name: (Please Print)

| Course Title | Training Period Start Date | Target Completion Date | No. of Course During duty | Hours Non duty |
|--------------|-------------------------------|---------------------------|------------------------------|-------------------|
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Purpose of Training (mark all that apply)

Improve current job skills

Learn new job skills

Personal development

Other (explain below)

Name of Supervisor (Please Print)

Signature of Supervisor

Date

Remarks:
