



## Northeast Georgia RESA Training Approval

Foothills Employee

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Site: \_\_\_\_\_

NEGA RESA Course

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Fees: \_\_\_\_\_

How will this course benefit the students at Foothills?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will share the learning with our site staff at the site faculty meeting on

\_\_\_\_\_

(Date)

Site Director

I agree that this course will benefit Foothills students.

\_\_\_\_\_

(site director signature)

\_\_\_\_\_

(employee signature)

Please send this form to Scott Gordon prior to registering for the course.