



San Francisco Region Management Association

## Mentorship Program – Request for Training

The SFRMA Mentorship program works to create opportunities for members to develop themselves with the support of SFRMA and selected mentors. We want to help you, help yourself!

### Mentee Information

**Name:**

**Email Address:**

**Current Position:**

### Course Information

**Training Course Title/Location:**

**Training Cost: \$**

**Class Registration Site:**

**Rationale for Request:**

**Mentee Signature:**

**Date:**

### Mentor Information

**Name:**

**Signature:**

**Date:**

**On-site Manager Concurrence Received (Yes/No):**

### Important Information:

- SFRMA has established a 1-course maximum per mentee.
- The course cost should NOT exceed \$200.
- The course MUST be relevant to the mentee's current position and future endeavors.
- The course MUST be approved by mentor/manager.
- The request form should be submitted by the SFRMA mentor after review.
- Please email the request form to the Mentorship Program Chair and Treasurer.

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**For SFRMA Use Only**

Mark an option below:

Approved

Denied

SFRMA Executive Treasurer

Signature:

Date: