



# Anticipated Training Schedule Agreement

As part of our request to partner with Custom Fit Training my company projects the following anticipated training needs for the current fiscal year which began on July 1 and ending on June 30:

Type of training and possible location	Date(s) of Training	Number of Trainees	Estimated Cost
	Start Date:      End Date		
	Start Date:      End Date		
	Start Date:      End Date		
	Start Date:      End Date		
	Start Date:      End Date		
	Start Date:      End Date		
	Start Date:      End Date		

*(Use additional forms or the reverse side of this form if needed.)*

As representative of \_\_\_\_\_ (company name) I sign in agreement that said company will pay for the training cost (100%) for all training received in partnership with Custom Fit Training.

Upon receipt of all required documentation for approved training Custom Fit Training will reimburse said company 50% of eligible training cost(s).

I understand that in order to partner with Custom Fit Training, training must be approved by the Custom Fit Training representative and that such approval must be provided prior to the training occurring. Further, I understand that some documentation such as trainee information and proof of payment may be required in addition to this form.

Whereas additional training needs may arise throughout the year, and whereas dates and training costs may vary, I authorize amendment of this form by the Custom Fit Training representative, subsequent to verbal or written communication regarding such changes.

\_\_\_\_\_  
Company Representative                      Date

\_\_\_\_\_  
Custom Fit Training Representative      Date

**You may complete this form as part of a consultation with a Custom Fit Training representative or you may complete it on your own and submit it for their review, after which they will contact you to discuss training solutions.**

**Snow College Custom Fit Training  
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Questions? Call (435) 893-2206**