



EMPLOYMENT AND PROFESSIONAL DEVELOPMENT OFFICE



Training Request Form

Requested by:

Name

Title

Department

Campus

Contact Name

Phone

Fax

Topic of Training: _____

Desired Outcome of Training:

Total number of employees to be trained: _____

Multiple sessions? Yes No

(Use separate request forms for each desired training date) This is request _____ of _____ (ex.: 1 of 2, 2 of 2)

Preferred location of training: _____ Preferred time of training: _____

Accommodation required? Yes No

If yes, please explain:

Approval Signatures:

Supervisor

Date

Manager/Director

Date

EPD Use Only:			Initials	Date
Date of Training:	Location:	EPD Tech.:		
Facilitator:		EPD Officer:		
Facilitator Org.:		Empl. Dir.:		
		Training Scheduled:		
# Attendees Scheduled:	# Attended:	Training Complete:		