

TRAINING RESOURCE CENTER

TRAINING REQUEST FORM

RLS Name/Region or Central Office Department:

Requestor's Name/Position:

Email Address of the Requestor:

Has your Leadership approved this request?

Please check all that apply (double click on the shaded box and mark checked in the pop-up):

Request training to be provided

Request training to be developed

Request consultation/assessment of training materials

Please describe the program content area/audience/# of participants/attach the agenda, if applicable.

Executive Branch Staff	# of participants
PCC/PCP Staff	# of participants
P&P Front-line	# of participants
- Supervisors/Specialists/Mgt.	# of participants
- APS	# of participants
- Centralized Intake	# of participants
- R&C	# of participants
- Permanency	# of participants
- OSAs/ Admins.	# of participants
- Social Service Aides	# of participants
Other (Please Specify)	# of participants

Please describe in DETAIL the outcomes and objectives of the training:

Please describe the reason the training is needed:

Is there a mandatory completion date for the training?

If so, please list here:

Date request is sent:

* Curriculum development takes 6-8 weeks. For web-based components, there is an additional 6-8 weeks for eLearning development. We will attempt to accommodate any urgent requests.