

Training Request Form

| Name: | Department/organization: |
|---------------|--------------------------|
| Phone Number: | Campus Address: |

Topic(s) Requested (Please circle):

| Sexual Harassment Prevention / Workplace Violence | Performance Management (Please specify bargaining Unit) | Civility / Customer Service |
|---|---|--------------------------------|
| Explaining ADA | How to write a job Description | Culture of Care |
| Crucial Conversations | Leading with Impact | Time and Attendance |

Other:

List three date and time options in order of preference:

- 1.
- 2.
- 3.

| FOR OFFICE USE ONLY: | |
|----------------------|--|
| Date: | |
| Training Presenter: | |
| Scheduled on: | |

Please return this form to: Eric Hughes, Human Resources Office, Miller 302