



### 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.

<b>FOR OFFICE USE ONLY:</b>	
Date:	_____
Training Presenter:	_____
Scheduled on:	_____

***Please return this form to: Justine Ochs, Human Resources Office, Miller 301***