



TRAINING REQUEST FORM STAFF DEVELOPMENT BRANCH

Staff Development
Z-1 SDB

I EMPLOYEE INFORMATION

Date: _____

Name: _____ Title: _____

Dept: _____ Mail Code: _____ Employee No: _____

Phone: _____ Fax: _____ Email Address: _____

Location: _____ Supervisor Name: _____ Sup. Phone: _____

II COURSE INFORMATION

Name of Course: _____

Dates Preferred: 1) _____ 2) _____ 3) _____

Offered by: _____ Delivery Location: _____

Brief Summary of Course Content:

III PURPOSE OF TRAINING

Objective: To obtain knowledge/skill/ability

- 1) to meet current job requirements/duties
- 2) to meet future dept./branch requirements/duties
- 3) to meet employee career opportunities

Other: _____

If objective 1) or 2), how will this training benefit you and/or your branch?

IV SIGNATURES

Employee

Supervisor

Department HR

Date

Date