

Request for Required Training Form



REQUESTOR CONTACT INFORMATION:

Name:

Title:

Email Address:

Work Phone:

Name and Course Number of Training *(as reflected in TrainTraq)*:

Reason for requesting the training *(include regulatory requirement as applicable)*:

Group, department or category of employees who will be required to take this training
(include approximate # of employees affected):

When and how often will these employees be required to take the training *(i.e., within 30 days of hire; before being allowed to perform a certain job duty; every X years)?*

APPROVAL SIGNATURES:

Requester/Department Head

Date

Vice President *(Requesting Dept.)*

Date

HR Notes:

HR Representative

Date

Executive VP Finance & Administration

Date

President

Date