



# 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