

EMCBC Group Training Request

Please fill out the form and return to Robin Campbell, OHR, to request group training. Allow 6 – 8 weeks to process request. Provide a Statement of Work (SOW) for any training exceeding \$25K. If the vendor is Colleague Consulting, no SOW is needed. If requesting a specific vendor, please provide a Sole Source Justification.

Site Name: _____ Date Submitted: _____

POC Name: _____

Course Title: _____

Date(s) Preferred: _____

Min/Max# Students: _____

Statement of Work or
Course Overview: _____

Course Objectives: _____

Start Time: _____

Training Location: _____

Training Reason: _____

Note: Training open to other sites: Y__ N __ Cost: Y__ N __
Cost: _____

Funding Office: _____

Assistant Directors Signature: _____