

M&P HR SSC LB Group Training Request Form

Please use the form below to provide information regarding the Group Training you are requesting. Return this form to your M&P HR SSC Learning Branch representative. If a specific vendor is requested, the requestor must provide a Sole Source Justification, regardless of cost.

Organization Name: _____

Site Name (if applicable): _____ Requesting Office: _____

POC Name: _____ Date Submitted: _____

POC E-mail: _____ Phone Number: _____

Course Title/Subject: _____

Preferred Date(s): _____

Min & Max # of Students: _____ Start/End Time: _____

Training Location: _____

Funding Strategy: _____ Cost: _____

Statement of Work or Course Overview (attach additional documents if necessary, such as a Sole Source Justification):

Course Objectives:

Reason for Training:

Is training restricted to certain personnel (no one else is invited)? YES NO

If yes, who? _____

Who is to be invited to this training? _____

Identify any personnel who are to receive priority status: _____

What is the cost of training for personnel from other sites? _____

General needs (Training Department will coordinate):

	Item	Quantity
	Easel	
	Flip Charts/dry erase markers	
	Tape/push pins	
	Pens/paper	
	Tent cards	
	Podium	
	Other:	

IT needs (Training Department will coordinate):

	Laptop Computer (IT prefers that vendor brings their own)	
	Projector	
	Streaming Video	
	Speakers	
	Light System	
	Conference call capability	
	Microphone	
	Laser pointer	
	Videoteleconference hook-up	
	Other:	

Approving Official

Date