

**Division of Public Assistance  
Staff Development and Training  
Customized Training Request Form**

<b>Your Name:</b>	<b>Address:</b>
<b>Job Title:</b>	<b>City:</b>
<b>Office:</b>	<b>Telephone:</b>

*If different than above provide the name of the person to contact for more Information.*

<b>Name:</b>	<b>Phone:</b>
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**Instructions:**

To help us meet your customized training needs please complete the following questionnaire. Email the questionnaire using the "Email" button on page 2 or print and fax it to 269-7869. A representative from SDT will contact you or your designee within three business days to review the request. Additional writing space is available on page 2. **Note: field lengths include spaces and varies depending on the letter, e.g. I versus W.**

**I. Desired Course Information**

1. Desired Course Topic (Maximum one Line)

2. Desired Course Description (Maximum four lines)

3. Target Audience (include the number of employees) (Maximum four lines)

4. What is the urgency or timeframe to have the employee(s) trained on this topic? (Maximum four lines)

5. What previous training have the employee(s) received on this topic? (Maximum four lines)

## II. Job Information

1. What is the primary job responsibility of the employee(s) in need of training? (Maximum two lines)

2. Can you provide examples of the tasks the employee(s) perform on the job that are specific to the training need? (Maximum two lines)

3. How was the need for training identified? (Maximum two lines)

4. What are the impacts on the individual/team/unit? (Maximum two lines)

5. What other alternatives have been considered to improve the job performance of the employee(s)? (Maximum two lines)

6. What performance improvements do you expect from this desired course? (Maximum two lines)

## III. Continuation

- 1) Please use this space to continue your description of areas above needing additional space. (Maximum fourteen lines)