



## HUMAN RESOURCE MANAGEMENT TRAINING REQUEST FORM

We thank you for your interest in our professional training and development program. Please complete the following information to coordinate a training event. A Human Resource Management team member will contact you within three (3) business days to discuss your request. Upon completion, this form can be sent to Human Resource Management by emailing it to [HRMTraining@portsmouthva.gov](mailto:HRMTraining@portsmouthva.gov).

### Requestor Information

Requestor's Name: \_\_\_\_\_

Requestor's Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Training Information

Suggested Training Title/Topic: (subject to change)

\_\_\_\_\_

### Training Objectives/Training Need Analysis

What are the top three takeaways you would like your participants to retain and use on the job?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Training Audience

Who will be attending (i.e., employees, supervisors, etc.): \_\_\_\_\_

Planned attendance #: \_\_\_\_\_

Participants' job specialties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Training Arrangement

Location: \_\_\_\_\_

A/V equipment provided: \_\_\_\_\_

Requested Date(s) and Alternative(s): (Please allow 2-3 weeks for scheduling.)

Date 1: \_\_\_\_\_ Alternative Date 1: \_\_\_\_\_

Date 2: \_\_\_\_\_ Alternative Date 2: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Department Head

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## Post Training Process

Comments:

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\_\_\_\_\_  
Human Resource Management Facilitator

\_\_\_\_\_  
Date

Comments:

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\_\_\_\_\_  
Director of Human Resource Management

\_\_\_\_\_  
Date