## **Training Development Request Form**

Please complete the OHRM Learning, Performance, and Organizational Development (LPOD) division training request form below to provide an overview of the training content you would like to develop. **The training development request from must be signed by your Appointing Authority or Agency Director before submitting it to LPOD for review.**

Please submit your completed and signed request to the LPOD division via email at [LPOD@co.pg.md.us](mailto:LPOD@co.pg.md.us) for review. LPOD will contact the requestor within three (3) business days of submission to schedule a request review meeting.

|  |  |
| --- | --- |
| **REQUESTOR INFORMATION |** *Provide information about the person submitting this request* | |
| **Date of Request:** | *Click dropdown to enter a date* |
| **Name:** | *Enter name here* |
| **PGCG Email Address:** | *Enter email address here* |
| **PGCG Agency:** | *Enter agency name here* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAINING OVERVIEW |** *Provide information about the training you would like to create* | | | | |
| **Training Name:** | *Enter training name here* | | | |
| **Proposed Dates:** | *Enter training date(s) here* | | | |
| **Training Audience:** | *Enter audience for the training – who is it designed for?* | | | |
| **Delivery Method:** | In-Person Training | Online On-Demand Training | Live Webinar | ☐ Instructional Video |
| Learning Plan | Other: | | |

|  |
| --- |
| **PURPOSE |** *Provide information about why this training is needed* |
| **The purpose of this training is to:**  *Enter training purpose here* |

|  |
| --- |
| **OBJECTIVES |** *List at least 1-3 things you want to achieve at the end of the training* |
| **At the end of this training participants will:**   1. *Objective 1* 2. *Objective 2* 3. *Objective 3* |

|  |  |  |
| --- | --- | --- |
| **CONTENT |** *Provide an overview of the topics that will be covered during the training and their timing, feel free to add as many sections as you need.* | | |
| **Section Name** | **Description** | **Timing** |
| **Welcome** | * Introductions * Overview of objectives and agenda * Ice Breaker | 15 minutes |
| ***Section Name*** | * *Section Description* | *Section Timing* |
| ***Section Name*** | * *Section Description* | *Section Timing* |
| ***Section Name*** | * *Section Description* | *Section Timing* |
| **Closing & Next Steps** | * Knowledge Check * Review Next Steps * Complete Evaluation | 15 minutes |
| **TOTAL TIMING** | | *Total Timing* |

|  |  |
| --- | --- |
| **EMPLOYEE IMPACT |** *Please indicate if this training will impact bargaining unit employees* | |
| **Will this training impact or be delivered to bargaining unit employees covered by a collective bargaining agreement (CBA)?**  **YES** *(if YES, please include the additional information below)*  **NO** | |
| **If YES, please provide the information below about bargaining unit employees impacted.** | |
| **CBA Impacted** | **How training will impact employees covered by CBA?** |
| *List name of CBA* | *Include description of how training will impact employees* |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **CONTENT |** *Please indicate if you already have a presentation created for this training* |
| **Do you already have a presentation drafted for this training?**  **YES** (I*f YES, please submit a copy of the presentation with this request form)*  **NO**  ***Please note:*** *A draft of your presentation content is not required to be submitted with this form.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROCESS DOCUMENTATION |** *Please indicate any governing or impacted policies or processes* | | | | |
| ***Does this training development request currently have any policy or process documents that govern the content in this training?*** *(e.g., Administrative/Personnel Procedures or Standard Operating Procedure documents)*  **YES** *(if so, please list any applicable documents below and indicate whether the documents require any updates submit a copy with this request form)*  **NO** | | | | |
| ***If YES, please provide the information below for any policy or process documents.*** | | | | |
| ***Policy/Process Document Title*** | ***Description*** | ***Date of last update*** | ***Updates needed? (Y/N)*** | ***Agency/Owner*** |
| *Title of document* | *Description of document* | *Select Date* | Yes  No | *Name* |
| *Title of document* | *Description of document* | *Select Date* | Yes  No | *Name* |
| *Title of document* | *Description of document* | *Select Date* | Yes  No | *Name* |
| *Title of document* | *Description of document* | *Select Date* | Yes  No | *Name* |
| *Title of document* | *Description of document* | *Select Date* | Yes  No | *Name* |

|  |  |
| --- | --- |
| **AGENCY APPOINTING AUTHORITY APPROVAL** *Your request must be approved by the Agency Appointing Authority before sending to LPOD for review* | |
| **Agency Appointing Authority Signature** |  |
| **Agency Appointing Authority Printed Name** | *Insert Agency Director Name Here* |
| **Date** |  |

**This section will be completed by LPOD during the review request meeting.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LPOD FINAL RECOMMENDATIONS |** *Training development details and final recommendations* | | | | | | | |
| **Training Name:** | *Enter training name here* | | | | | | |
| **Point of Contact:** | *Enter training date(s) here* | | | | | | |
| **Recommended Delivery Method:** | In-Person Training | | Online On-Demand Training | | Live Webinar | | ☐ Instructional Video |
| Learning Plan | | Other: | | | | |
| **Training Timeline:** | Review Meeting:  Click or tap to enter a date. | Content Creation:  Click or tap to enter a date. | | Content Review:  Click or tap to enter a date. | | Training Implementation: Click or tap to enter a date. | |
| **Training Development Deliverable:** | *LPOD will create…* | | | | | | |