## **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 for review. LPOD will contact the requestor within three (3) business days of submission to schedule a request review meeting.

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| **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* |

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| **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:  |

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

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| **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*
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| **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* |

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| **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* |
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| **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.*  |

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| **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* |

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| **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.**

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| **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…* |