

# Training Request Form

HAB 203B 1 Hawk Dr.  
New Paltz, NY 12561  
Phone: (845) 257-3171

[www.newpaltz.edu/hr/training](http://www.newpaltz.edu/hr/training)



Please send to [kniffina@newpaltz.edu](mailto:kniffina@newpaltz.edu) or HAB 203B upon completion. Requests will receive a response within one week of the date of the request.  
(At least three weeks advance notice is recommended.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

Department/club/organization: \_\_\_\_\_

Phone numbers: Office \_\_\_\_\_ Department \_\_\_\_\_

Addresses: Campus \_\_\_\_\_ E-mail \_\_\_\_\_

### TOPIC(S) REQUESTED

Workplace Violence / Domestic Violence <input type="checkbox"/>	Time and Attendance for Supervisors of Classified Employees <input type="checkbox"/>	Workplace Civility <input type="checkbox"/>
Performance Programs and Evaluations <input type="checkbox"/>	Counseling and Counseling Memos <input type="checkbox"/>	Other, Please specify topic _____ <input type="checkbox"/>

**\*Please note that requesting departments should secure an appropriate training location once date and time have been confirmed.\***

Training Location:	Bldg.	Room	Approx. no. of Participants	Length of time allotted

Address if off campus: \_\_\_\_\_

List three dates and times in order of preference:

	DAY	DATE	TIME
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRAINING REQUEST CONFIRMATION - FOR OFFICE USE ONLY

Today's date \_\_\_\_\_ Request taken by (HR staff) \_\_\_\_\_

Training presenter \_\_\_\_\_

Scheduled on \_\_\_\_\_ (day) \_\_\_\_\_ (date) from \_\_\_\_\_ (time) to \_\_\_\_\_ (time)

Confirmed  Regretted  by \_\_\_\_\_ on \_\_\_\_\_  
Phone  e-mail  in person  (initials) (date)