



Training Request Form

Agency:	
Division:	
Agency Contact Name:	
Agency Telephone Number:	
Name of Trainer/Consultant:	
Reason Consultant was selected?	
Summary of Training Need:	
Program Description (Outline of training and method of providing training):	
Total Cost:	
Number of training participants and job classifications:	
Length of program:	
Other information:	

Return form to Barbara McCleary, OMB/HRM Statewide Training and Organization Development at Barbara.McCleary@state.de.us