Interdepartmental Training Request

Name: ____________________________________________
Date: ____________________________________________
Home Department: _________________________________
Host Department: _________________________________

Request Summary (What would you like to gain from the host department and what areas are you interested in?):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Scheduled Date and Time of Initial Tour: ________________________________

Will there be additional shadowing and/or training from the Host Department? Y/N (If yes, please fill out page 2.)

How will your duties be performed in your home department during your absence?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Supervisor Comments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Home Department Approval
Trainee Signature: ___________________________ Date: __________
Supervisor Signature: ___________________________ Date: __________

Host Department Approval
Dept. Signature: ___________________________ Date: __________
Host Department Policies Reviewed? Y/N Date: __________

Director Approval
Director Signature: ___________________________ Date: __________
### Training Plan & Goals Worksheet

**Training Start Date:** ________________  
**Training End Date:** ________________

**Training Schedule:** ____________________________________________________________

**Who will be responsible for the training in the Host Department?** __________________________

**Goals** (List 3-5 goals you would like to accomplish):

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

**Training Plan Summary** (Briefly explain the plan using additional paper if necessary):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Resources** (List required materials needed to complete training):

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________