

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: _____

Interdepartmental Training Request (Page 2)

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. _____