



## **OFFICE OF HUMAN RESOURCES (OHR) TRAINING INSTITUTE CLASS REQUEST FORM**

Thank you for contacting us to help with the registration, promotion, delivery of your training, and evaluation. **Please type this form in Microsoft Word and send it to us electronically so we can copy exactly what you have written on this form into your Oracle Learning Management (OLM) System class description.**

### **Complete a Class Request Form:**

We recommend that you return this form to the Office of Human Resources – Training and Organizational Development **at least 3 weeks before** the intended training.

#### **Step 1: Please return electronically in Microsoft Word:**

- The Class Request Form below and email pages 2-3 to a member of the OHR Training Staff. This will enable us to copy exactly what you have written on the Class Request Form into OLM. Your form will provide all the information we need to set-up the class in OLM for registration and to promote your class.

### **Program Assistance:**

#### **Step 2: When we receive the form:**

- We may contact you to clarify information, or to make suggestions in the registration/training process.
- We will enter the class into OLM and provide registration instructions. This step is usually completed within five days.
- If you want to check on the status of registration, please contact the Training Team, 240-777-5116

### **Questions and Contact Information:**

**If you have any questions**, or if there is anything else we can do to assist in the delivery of this training, please contact Anithia Rhodes, 240-777-5046; email [anithia.rhodes@montgomerycountymd.gov](mailto:anithia.rhodes@montgomerycountymd.gov).



## Request for Training Class

Please enter the information in the non-shaded areas.

Contact First and Last Name	
Work Phone and Cell Phone (if applicable)	
May non-employees attend?	
Any other limitations on attendance?	

**Very Important:** If you enter "no" above, anyone in that category will NOT be able to register or receive a record of their attendance.

For Training Staff Use Only:	
OHR Training Institute Catalog	
Category:	
Sub-category:	
Offering Type:	

Title of Course: <i>Please limit to about 25 letters.</i>

<b>Description:</b> The purpose of the training; the issues to be addressed; and topics to be covered.

<b>Format:</b> Example: presentation, small group discussion, learning exercises, case scenarios, video, and class discussion.

<b>Learning Objectives:</b> State in behavioral terms your learning objectives. For example, "At the end of this course, participants will be able to analyze a fishbone diagram for cause and effect of a problem."

Will Continuing Education Units (CEU's) be offered to all participants: YES \_\_\_ NO \_\_\_

**Intended Audience:** The participants for whom the training is intended but not necessarily limited to. For example, specify by job title, profession, departments, limited to supervisors and managers only.

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<b>Date:</b>		<b>Time: Begin and End:</b>	
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<b>Minimum Number of Attendees:</b>		<b>Maximum Number of Attendees:</b>	
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**Instructor:** Name, Title, Organization, Department. Please also add instructor contact information including email, cell phone, and address.

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**Is the Class In-Person or Webinar?** For in person please list location: Building, Room, Street Address, City, State, and Zip Code

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**Audiovisual Equipment Request:** Instructors will need to secure and set up their own audiovisual equipment unless you have a previous written agreement with OHR Training.

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**Attachments:** We can add attachments to the class description, ie. Background information, pre-reading, etc. Please list here and send any attachments with this form.

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**Materials Reminder: For in-person classes only-** Please bring enough of your own printed handouts and materials for the class you are requesting unless you have a previous written agreement in place with OHR to make copies of your presentation materials. Bring your own computer thumb drive with any presentations as well. OHR needs 3 weeks advance notice for any printing of materials and appropriate budget codes for charge back purposes.

**Additional Notes:**

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