

Fair Employment Practices Division

Specialized Training Request Form



Department: _____

Requestor Name & Title: _____

Requested Training Date: _____ **Group or audience size:** _____

Presentation or Training Topic Requested: _____

Length of Presentation/Training Desired: _____

Primary Contact: _____

Site Location: _____

Training Goals: _____

Equipment needs: _____

Reasonable Accommodation Request: _____
