

DEOMI External Training Request Support Form

Primary Training Details:

Name of Organization:

Desired Date: *(Quarter/Fiscal Year)*

Intended Audience: *(Paygrades & Title)*

Approximate Audience Size: *(Trainings may have participant limits)*

Training Topics:

Training Purpose:

Is the organization experiencing specific human relations or equal opportunity issues?

Desired Outcome from Training:

Organization Primary Point of Contact:

Name/Pay-grade/Title:

Email Address:

Phone Number:

Organization EEO/EOA/CCS:

Name/Paygrade/Title:

Email Address:

Phone Number:

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**THIS PAGE FOR DEOMI PERSONNEL USE ONLY*

Department Head:

Department:

Date Request Received:

Support Recommendation:

Support Not Support

Support Justification:

Department Head
Signature:

E&T Director
Signature: