



Workforce Development

Departmental Training Request

Department:

Date:

Contact Person:

Title:

Email Address:

Phone:

PROGRAM - Briefly describe your Department's training program and unique training needs:

REQUEST - Describe your training request, along with the anticipated learning objectives and outcomes:

AUDIENCE - List the audience for the requested training (ex: job class, working titles, manager/supe, etc.):

HISTORY - List previous or current trainings in this topic and the format used (ex: in-person, virtual, etc.):

Target date(s) for training:

My Supervisor/Manager, _____, has approved this request.

Click SUBMIT to send completed form to HR-Workforce-Development@sonoma-county.org

Workforce Development Use Only

Assigned to:

T&D Analyst

HR Technician

Denied

Date _____