

MASIT Risk Management

TRAINING RESOURCE REQUEST FORM

FOR INTERNAL USE
Date Received: _____
Attendee List Total: _____ 90%: _____
Administrator Approval: _____

County:	Today's Date:
Requester Full Name:	
Title:	
E-mail:	
Phone:	
Proposed Location Name and Address:	
Proposed Location Contact:	
Proposed Date and Time:	

General Type of Training Requested (Check One)

- Law Enforcement Public Works Waste Management
 County Administration/Human Resources Other: *Provide a description in the space below.*

Provide a description of the topic(s) you would like covered during the requested training session:

Email this form and a list containing the title, first and last names of each proposed attendee to rskannal@massup.org. We will then contact you to finalize the training arrangements.

Requester's Signature

Date