Special Request Form

OFFICE OF HUMAN RESOURCES, TRAINING SERVICES DIVISION

INSTRUCTIONS: Please complete this form, save a copy to your computer, and e- mail a copy to David Mark at david.mark@maryland.gov.

Date of Request:	
Facility/Unit/Administration:	

Type of Request (check one):

Classroom Development:

☐ Conduct an onsite session of a Scheduled Classroom course *(12 attendees required)*
Name of Course: _____

☐ Managing Matters Program for my management team.

Facilitation:

☐ Facilitate a meeting. ☐ Design & facilitate a retreat. ☐ Presentation Q/A *(1 hour maximum)*

Consulting: *(describe)*

Other: *(describe)*

Brief Description of Request:

Planned/Requested: Date: _____ Time: _____ Location: _____

Anticipated number of participants: _____

Requesting Person:

Name _____ Phone _____ Email _____

Signature _____

Requesting Person's Appointing Authority:

Name _____

Signature _____

THIS SECTION TO BE COMPLETED BY TSD STAFF	
Target Completion Date:	
Acknowledgement By TSD Chief:	
Acknowledgement By OHR Director:	