## TRAINING REQUEST FORM

**Date:**

**Employee to be Trained:**

**Department:**

**Training requested:**

| Is it a new training? | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |
| Is it a refresher? | **Yes** |  | **No** |  |
| Is it a retraining? | **Yes** |  | **No** |  |
| Does the trainee have any experience? | **Yes** |  | **No** |  |
| If yes, how many years? |  | **Years** |
| Does the trainee have any training? | **Yes** |  | **No** |  |
| If yes, how many years since the last training? |  | **Years** |

**Notes:**

**Trainee Signature: Date:**

**Supervisor Signature: Date:**

*Trainer Use Only*

| The employee to be trained? | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

**Notes:**

**Trainer Signature: Date:**