

Mandatory Training Request

Requestor:	Title:
Department:	Date:
Email:	Phone:

Training Course Title:

Mandatory _____

Training Objective: Briefly describe the training content and the expected outcome/objective(s) of the training. Upon successful completion of this course employees will...

Risk analysis: Describe the risks to the County or department if the training is not required or taken.

This request is for: Check the appropriate box.

_____ Countywide/all County employees _____ Department employees only

Target Audience: Check which employees are the targeted audience(s) by selecting all that apply.

_____ All Regular full-time employees _____ Managers
 _____ All Part-time employees
 _____ All Seasonal employees
 _____ All Pool employees

Please identify any departments and/or groups to exclude from this request.

_____ _____ _____
 _____ _____ _____

Preferred training method:

_____ Online/Web
 _____ Classroom/Instructor
 _____ Blended (online/classroom)
 _____ External/Other*

*If External/Other: Describe the reason and indicate the estimated expense(s) required, potential vendors/suppliers to be used, and identify the MC budget source for the payment.

Method of completion verification: An electronic acknowledgment statement in LMS is required. List any additional requirements required (i.e. Pre-test/Post-test, Test only, Training sign-in attendance sheet, etc.)

Frequency/Implementation Timeline:

How often will employees be required to take this training?

___ Once during employment ___ Annually Other _____

Specific dates/deadlines: No ___ Yes ___ If yes, provide dates: _____

Estimated/recommended time for training session: _____ Number of sessions _____

IT/Technical Support: Identify any external IT, technical, or systems support required to deliver the training (PowerPoint, PDF, Web, Audio, etc.):

Other: Explain any additional considerations.

Upon completion, please email your request to:

mandatorytrainingrequests@milwaukeecountywi.gov

Approvals: Note that Training Compliance Team approval required for County-wide implementation.

Training Compliance Team:	Email:	Phone:
Department/Unit Manager:	Email:	Phone:
L&D Manager:	Email:	Phone:
Other:		

For Training Compliance Team only

Approved (Provide any additional comments and recommendations):

Not Approved (Provide explanation and reason for rejecting County-wide request):