



City of Newport News

Department of Human Resources

Training Request Form

Thank you for your interest in the Department of Human Resources Training Programs. Please complete the following information as a preliminary step to schedule training. A Human Resources Representative will contact you within five (5) business days to discuss your request. This form can be sent to Human Resources via interoffice or emailed to: hrtraining@nnva.gov

Requestor Name:

Phone:

Title:

Email:

Department:

Content Guidelines:

Suggested Training Title: *(subject to change)*

Training Topic/Objectives: *Training Summary. What are the top 3-5 takeaways you would like your audience to retain?*

Training Audience: *Who will be attending this training and how many people do you expect to be in attendance?*

Training Logistics:

Training Location:

A/V Equipment Provided:

Requested Date(s) and Alternative(s): *Please allow 3-4 weeks for scheduling.*

Date 1:

Alternative Date 1:

Date 2:

Alternative Date 2:

Department Head Signature

Date

Printed Name

Date



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Comments:

Human Resources Representative

Date

Comments:

Assistant Director of Human Resources

Date

Comments:

Human Resources Director

Date

(To be completed after training is completed:)

Training Assigned to: _____

Training Completed: Yes No

Comments: _____

