



MCG Training & Development Training Request Form

1. Contact Information:

Name: _____

Department: _____

Title: _____

Phone Number: _____

E-mail: _____

2. Description of requested training: (for example: Customer Service Training, Management Training, Communication Training etc....)

3. Desired competency skills to be acquired through this training: (for example: Customer Service: telephone skills; Management Training: Time Management; Communication Training: Listening)

4. Would the requested training be for you or your department? _____

5. If this training is intended for your department, what is the approximate number of participants?

6. What is the best time and day for this group to attend training? _____

7. When would you like to begin this training? _____

8. Additional comments:

Please fax back completed training request form to the MCG Human Resources Training and Development Department at (706) 721-0160

Office Use Only

Date received: _____

Training conducted: _____

Date: _____