



TRAINING REQUEST FORM

OVERVIEW

The Civilian Human Resources Center (CHRC) is available to conduct ad-hoc training for Defense Health Agency, National Capital Region Medical Directorate (DHA, NCR-MD) employees and departments. Our specialists can develop training to serve a variety of audiences in order to best guide staff members and managers in any topic relating to Human Resources Management in accordance with statutory laws, regulatory guidance, as well as Command policies and Bargaining Agreements. In order to request a training, please complete and submit the form below so we can evaluate how to structure a training session appropriate for your department's needs.

REQUESTING DEPARTMENT INFORMATION

Department/Directorate:	Point of Contact:
Telephone Number:	Email Address:
Requested Training Dates:	Location:
Targeted Audience:	Management Staff / Employees

TRAINING TOPICS

1. Select the topic(s) that would be most useful for your department's training (identify any high priority topics in the comment section below):

- | | |
|--|----------------------------|
| Writing Position Descriptions | Performance Management |
| Recruitment, Retention, & Relocation | Leave Programs |
| Benefits | Workers' Compensation |
| Desk Audits | Other MER Related Topics |
| Priority Placement Program | Weingarten Rights |
| Hiring Process (DEU, DHA, EHA, PPP...etc) | Union Agreements |
| Other Staffing/Classification Related Topics | Other Labor Related Topics |

2. If you selected 'Other', please explain:

3. Provide a brief summary of what you want to accomplish through this training:

4. If reasonable accommodations are required, please provide information below. Any other questions or comments related to this training request?

MISCELLANEOUS

Please submit this completed form to the CHRC mailbox:

dha.bethesda.ncr-medical.mbx.ncr-md-chrc@mail.mil

A member of our staff will respond to you within 72 hours.

****NOTE****

Please submit your training requests 30 to 60 days prior to the desired training date to allow CHRC to provide the highest quality training possible for you and your staff.

Signature of Requestor: _____

Date: _____