



## Enterprise Training Request Form

To request assistance from the DPM Enterprise Training Team, please complete this training request form. The form must be completed in full and we regret that not all training requests can be accommodated. Please keep in mind the following items:

- ✓ Training requires advanced notice of ten business days and customized training requires a 30-day advanced notice
- ✓ There is a submit button at the end that will send your completed form to: [DOADPMTraining@wisconsin.gov](mailto:DOADPMTraining@wisconsin.gov)

### Agency Contact Information

Is this a true Enterprise training? Does it affect all state employees?	
Date of Request:	
Name of Contact:	
Contact Phone:	
Contact Email Address:	
Agency/Institution	
Agency HR Administrator:	
HR Administrator Phone:	
HR Administrator Email:	

Training Audience	Supervisors Only	Employees Only	All Staff
Who is the target audience for this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DEPARTMENT OF ADMINISTRATION

Division of Personnel Management

**Training Event Information**

Training Name or Topic:			
Date of the Training:		Address:	
Time of the Training:		City:	
Estimated participants:		Zip Code:	

<b>DPM Training Team Review/Logistics</b>	<b>Yes</b>	<b>No</b>
Requestor's HR Administrator has reviewed and approved this request.	<input type="checkbox"/>	<input type="checkbox"/>
Requestor will arrange the room set up, podium, and Internet connection	<input type="checkbox"/>	<input type="checkbox"/>
Requestor will provide a laptop for the presentation and any necessary computers for participants	<input type="checkbox"/>	<input type="checkbox"/>
Requestor will provide the LCD projector and screen	<input type="checkbox"/>	<input type="checkbox"/>

**Description of Training**