



Enterprise Training Request Form - eLearning

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

Agency Contact Information

Audience – be specific (All employees, certain job classes, etc. Is this a true Enterprise training affecting staff from multiple agencies?)

Date of Request:

Name of Contact:

Contact Phone:

Contact Email Address:

Agency/Institution

Agency HR Administrator:

HR Administrator Phone:

HR Administrator Email:

Training Audience

Supervisor Only

Employees Only

All Staff

Who is the target audience for this training?



DEPARTMENT OF ADMINISTRATION

Division of Personnel Management

Training Event Information

Training Name or Topic:			
Date you want the training available:		Address:	
Audience – be specific (All employees, certain job classes, etc.)		City:	
Estimated participants:		Zip Code:	

DPM Training Team Review/Logistics	Yes	No
Requestor's HR Administrator has reviewed and approved this request.	<input type="checkbox"/>	<input type="checkbox"/>

Description of Training