



Office of Employment Dispute Resolution

TRAINING REQUEST FORM

AGENCY CONTACT INFORMATION	
Name:	Title:
Agency:	Phone Number:
Email:	
DESCRIPTION OF TRAINING NEEDS	
What prompted your current request for training services from EDR?	
If you are requesting one of EDR's conflict management workshops, are there currently any active conflicts within the group of participants? If so, please provide a brief description of the conflict(s).	
What agency employees will attend the training? For example, will the participants include managers, human resources staff, or non-supervisory personnel?	
How many total participants will attend the training?	
Please provide the dates (either specific days or weeks) that your group is available for training.	
TRAVEL REIMBURSEMENT INFORMATION	
Where will the training take place?	
For training sessions that require travel, requesting agencies must reimburse the EDR trainer's travel expenses. If you are requesting training outside the Richmond metro area, please complete the section below with information about your agency's contact for billing.	
Name:	
Mailing Address:	
Phone Number:	Email:
TO BE COMPLETED BY EDR	
Course(s) recommended:	
Scheduled Training Date/Time:	Assigned Trainer(s):
<u>UPON COMPLETION, PLEASE EMAIL OR FAX TO:</u> Office of Employment Dispute Resolution Attn: Training Program Coordinator Email: EDR@dhrm.virignia.gov Fax: (804) 786-1606	