



Department of Personnel Management Training Request Form

Name: _____ Department: _____

Contact Number: _____ Email: _____

• **Select the requested training module(s):**

- Professionalism/Customer Service Training
- EEO Sexual Harassment Training
- HR Policies and Procedures
- Conflict Resolution for Employees
- Business Ethics-What Employees Need to Know
- Team Building for All Employees or Supervisory Staff
- Other Training (Please be specific): _____

• **Would the selected training be for:**

- Direct Report (Managers/Supervisors) Department/Division Employees

• **Select the best time to attend training:**

Number of Attendees: _____

- Morning Session Afternoon Session Both

• **Select two dates that you would like to begin this training:**

- Jan 2019 Feb 2019 Mar 2019 Apr 2019
- May 2019 June 2019 July 2019 Aug 2019

○ **Additional Comments:**

If any questions, please feel free to contact:

**Mrs. Brenda Stewart, HR Training Coordinator
1000 Metro Center Suite 102
Jackson, MS 39209
Office: 601-960-2315
Fax: 601-960-1187
Email: bstewart@jacksonms.gov**