

I/N Training Requisition Form

Name: _____

Job Title: _____

Department: _____

Location: _____

Manager Yes _____

Received _____

Approval: No _____

On: _____

Course Information

1. Course Topic: _____
2. Course Description: (Please attach detailed course outline or describe suggested training.)

Job Information

1. Target Audience:
2. What tasks can team members NOT DO that the course will train them to do?
3. What impact is this having at I/N?

Job Information (cont.)

4. What previous training have team members received on these tasks?

5. What specific improvements and/or company goals do you expect this training would help to achieve?

6. How will these improvements and/or goals be measured?

7. What other options have been considered to improve the job performance of team members?

8. Can you provide me with a list of tasks which the team members perform on the job?