Texas A&M University-Commerce Request for Mandated Training

INSTRUCTIONS

- This form should be completed by an A&M Commerce subject-matter expert after a need for required training has been identified. A&M Commerce required training is training that is required of employees by mandate (Rule, Regulation, Policy, Procedure or Statute).
- If you have questions about this form, please contact the Executive Director of Training and Development at (903) 468-3021.

INFORMATION ABOUT THE TRAINING COURSE

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|---|--|--|--|
| 1. | Title and description of training (50 words or less): | | |
| 2. | Reason for making this training a requirement (include statutory basis if any): | | |
| | Employees who will be required to take this training (include approx. # of employees affected and designated ADLOCs if needed): | | |
| | When and how often will these employees be required to take this training (e.g., within 30 days of hire; before being allowed to perform a certain job duty; every X years)? | | |
| 5. | Office responsible for supervision/oversight and assignment of training: | | |
| 6. | Please check the box if this course is going to be offered online through Train Traq. | | |
| REQUESTOR CONTACT INFORMATION | | | |
| Name: Title: E-mail: Phone: SIGNATI | URES | | |

Last updated: April 15, 2013

| Requestor (printed) | Signature | Date |
|--------------------------------------|-----------------------------------|------|
| I agree with this request. | I do not agree with this request. | |
| Comments: | | |
| Requestor's Department Head (print | ted) Signature | Date |
| I agree with this request. | I do not agree with this request. | |
| Comments: | r do not agree with this request. | |
| Executive Director Training & Develo | Date | |
| Executive Director Training & Develo | Date | |
| | | |
| I agree with this request. Comments: | I do not agree with this request. | |
| Chief Business Officer (printed) | Signature | Date |
| I agree with this request. Comments: | I do not agree with this request. | Dute |
| | | Dete |
| President (printed) | Signature | Date |