

|  |  |  |
| --- | --- | --- |
| **CONTACT INFORMATION** |  | **TEAM TRAINING REQUEST SECTION** |
| **Name:** |  | Team Training Requesting:*For options and descriptions, view the* [*Team Trainings Available Upon Request webpage*](https://www.cityofmadison.com/human-resources/organizational-development/organizational-development-consultations/team-trainings)*.*  | * **Change Management Team Training** (Kratowicz)
* **Creating Collaborative Relationships** (Wentland) – *Limited Availability*
* **Giving & Receiving Feedback, Part 1 & 2** (Wentland)– *Limited Availability*
* **Involving People in Decisions that Impact Them** (Winston)
* **Plan for a Positive Approach** (Hoyt)
* **Values-Based Leadership**(Winston)
* **Trauma-Informed Living** (Scott)
 |
| **Position/Title:**  |  |
| **Department/Division:** |  |
| **Email:**  |  |
| **Consultation Request Title:** |  |
| **HR Analyst:** |  |
| **CONSULTATION REQUEST INFORMATION** |
| **Request Details:** Please share as much detail and background information as possible. |  | Desired Date(s) & Time(s): |  |
| Desired Location of Training Delivery: |  |
| How is this request in alignment with the City of Madison’s [Mission, Vision, Values and Service Promise](https://www.cityofmadison.com/employeenet/performance-excellence)? |  | Size of Your Team: |  |
| Access Needs or Accommodations Required: |  |
| **DESIRED OUTCOMES** |
| What is the result you are trying to make with this request? | ***CURRENT STATE*** | ***FUTURE STATE*** | Any additional information you’d like us to know?  |  |
| **DESIRED TIMELINE** |
| **START DATE:** |  |
| **COMPLETION TARGET DATE:** |  |

|  |
| --- |
| **OD SECTION ONLY** |
| **Assigned** | **Date** | **Notes** |
|  |  |  |