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| **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:** |  | |

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