

Date:

OHRM Professional Development and Learning Management Office ON-SITE TRAINING REQUEST FORM		
College Name/Location:		
College Contact Person(s):		
College Contact Phone # & Fax #:		
College Contact Email Address:		
College Location/Shipping Address for Training Materials: (College location is responsible for arranging for training material pickup)		
College Training Location (if different from Shipping Address):		
Training Day(s)	Training Date(s)	Training Time(s)

TRAININGS/COURSES				
	Course Number	Title of Course	# of Days	Cost
1.				
2.				
3.				
4.				
5.				

If your college/department needs to cancel a course, **submit cancellation in writing to the Professional Development & Learning Management Office at University.Training@mail.cuny.edu 15 days prior to the start of the class.** Failure to notify us as required could result in your college/department having to pay the Citywide Training Center for the cancelled course.

(over)

COLLEGE HUMAN RESOURCE AUTHORIZATION			
Authorized Name (Print Clearly)		Title	
Phone	Fax	E-Mail	
Signature			Date

COLLEGE FISCAL OFFICER/DESIGNEE AUTHORIZATION			
Authorized Name (Print Clearly)		Title	
Phone	Fax	E-Mail	
Signature			Date

UNIVERSITY PROFESSIONAL DEVELOPMENT OFFICE AUTHORIZATION (for PDLM use only)			
Authorized Name (Print Clearly)		Title	
Rhonnye Ricks		University Training Director	
Phone	Fax	E-Mail	
646-758-7940	646-758-7948	University.Training@mail.cuny.edu	
Signature			Date

Professional Development & Learning Management Office
Office of Human Resources Management
The City University of New York
395 Hudson Street, 5th Floor
New York, New York 10014
Tel: 646-758-7940
Fax: 646-758-7948
University.Training@mail.cuny.edu
www.cuny.edu/training