The purpose for this form is threefold.

1. To get your training event into the Learning Management System. (This allows for users to get registered for the training and to get credit for in it their official learning record at CDOT.)
2. To help ensure against duplicate purchase or development of training that is already available.
3. To identify training that requires a Department of Personnel and Administration, which is required prior to purchasing training from an agency or vendor.

Please follow the steps below, filling in the shaded data fields. *List any supporting documents or attachments in field #1n*. Submit this form and attachments to the CDOTU Administrator located in CDOT HQ Room 290. ([Michael.Muszynski@state.co.us](mailto:Michael.Muszynski@state.co.us))

**STEP 1. Tell us about the training activity that you are proposing:**

# 1a. What is the title of training:

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## 1b. Who is the Senior Sponsor of the training? Examples: a CDOTU College Dean, Department Head, RTD, Regional Superintendent, Chief of Human Resources, etc.

## 1c. Who is the target audience for the training?

**Example:** *This training is intended for all CDOT supervisors.*

## 1d. What are the expected objectives/results of the training?

*What is the overall training objective/results for this course? (What will the participant be able to do after training that he or she can’t do now?)* **Example:** *Upon completion of this course, the participant will be able to successfully navigate Performance Management system and use it for performance evaluations.*

## 1e. List specific Learning Objectives that would support the proposed training results or outcomes. Example: Participant successfully enters quarterly goals for their employees in Performance Management system.

## 1f. Performance Measurement

*What will the participant need to accomplish or demonstrate for the activity to be successful?* **Example:** *The participant will login to the Performance Management system, write two bi-annual performance goals using SMART criteria, and successfully post them for the employee’s comment.*

## 1g. What type of delivery method will this course use?

**Instructor-led eLearning or Webinar \* Blended\* (Elements of both)**

**\* If your proposed course will have an eLearning component, contact OED for the latest technical specifications for eLearning courses to be hosted on the CDOT LMS.**

## 1h. What is the duration of the course in hours (Assume 8 training hours per day. Anything over 8 hours is a multi-day course. If a multi-day course, please list hour for each day of instruction. Example: Day 1: 8 hours. Day 2: 4 hours. For eLearning, provide estimated hours to complete the course).

**Hrs:**

**1i. Is there a prerequisite for this course?** (A “firm” prerequisite means people could not register for this course without completing the prerequisite first.)

**No Yes**

**If “Yes”, please list Course title and LMS Item #.**

**1j. Course Classification**

Is this training **mandatory** by statute, policy or other directive to a specific audience? **Yes No**

Audience:

## 1k. Reasons for Proposing the Activity Now

*What are reasons for developing the activity at this particular time? Provide a brief explanation as to why the activity has been identified as a priority. If the activity is required by Federal or State statute, mandate or other directive, list that directive and the local Office of Primary Responsibility or Point of Contact for that directive.*

**1l. Proposed Method and Cost to Develop/Deliver the Proposed Training**

*Be sure to specify whether you intend to develop this training with CDOT resources and/or use a vendor or other source. Include the proposed delivery method(s): Instructor led, E-based, Blended Learning.* **Reminder:** *If the course is to be eLearning, there are specific technical criteria for hosting on the CDOT LMS. Contact the OED Administrator for details.*

## 1m. Impact if the Activity is not Approved:

*What will be the consequences if this activity is not approved?*

## 1n. List Supporting Documents/Attachments:

**Example:** *Detailed Estimate of Cost to Develop/Deliver; Information regarding Federal or State mandate for this activity; Letter of Support from the Sponsoring College, etc.*

**STEP 2 Forward this form to your sponsor for approval.**

**Sponsor Approval**

**2a. College Dean or Executive Sponsor:** **Approved**   **Disapproved**

**Name/Signature** **Date**

**For College Dean**: Is/Should this training listed in any Career Development Maps? **Yes** **No**

**Comments**

**2b. Sponsor: Please forward this form and attachments via email to the CDOTU Administrator** ([Michael.Muszynski@state.co.us](mailto:Michael.Muszynski@state.co.us))

**HR/OED: Approval Chain (HR/OED USE ONLY)**

**CDOTU/OED Review: Training Waiver Required Yes No**

**Name/Signature** **Date**

**Director of HR:** **Approved**   **Disapproved\***

**Sourcing:**  **Internal Development External Purchase**

**Name/Signature** **Date**

**\***If disapproved, comment/feedback is required. Please attach.

**FOR LMS Entry (OED):**

**LMS Course Title:**

**LMS ITEM #:**

**LMS Domain:**

**Contact for Item:**