***Coordination Form for New Training***

*This form is required to develop or purchase a new training and enter it into the Learning Management System.*

***Note:*** *If you are intending to purchase training through the National Highway Institute, there is a separate and shorter process. Please contact the Office for Employee Development for Details.*

# STEP 1: TELL US ABOUT THE TRAINING ACTIVITY THAT YOU ARE PROPOSING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **What is the title of the training?**  |  | | --- | |  |  1. **Who is the Senior Sponsor of the training?** **C. Who is the target audience for the training?**   *(****e.g.*** *CDOTU College Dean, Department Head, RTD,* **(*e.g.*** *This training is for all CDOT supervisors)*  *Regional Superintendent)*       1. **What are the expected outcomes/results of the training?** *(****e.g.*** *What will the participant be able to do after*   *training that he or she can’t do now?)*   |  | | --- | |  |  1. **What are the Learning Objectives supporting the proposed training results or outcomes?** (**e.g.***The**Participant successfully enters bi-annual goals for their employees in Performance Management system.)*  |  | | --- | |  |  1. **What is the Performance Measurement of the training?** *(****e.g.*** *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)*  |  | | --- | |  |  1. **What is the delivery method of this course?**   **Instructor-led eLearning or Webinar** \* **Blended (Elements of both)**    ***\**** *If your proposed course has an eLearning component, contact OED for the latest technical specifications for eLearning courses to be hosted on the CDOT LMS.* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **What is the duration of the course in hours?** *(Assume 8 training hours per day. Over 8 hours is a multi-day course. If a multi-day course, please list the day and then hours.* ***e.g.*** *Day 1: 8 hours. Day 2: 4 hours. For eLearning, provide estimated hours to complete the course.)*  |  | | --- | |  |   **Days : Hours**   1. **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”, Enter the Course title and LMS Item number below.**   |  | | --- | |  |  1. **Is this training mandatory by statute, policy or other directive to a specific audience?**   **No Yes If “Yes”, Enter that statute, policy and/or audience below.**   |  | | --- | |  |  1. **What are the Reasons for Proposing the Activity Now?** (*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.)*  |  | | --- | |  |  1. **Impact if the Activity is not approved:** *Are there consequences if this activity is not approved?*  |  | | --- | |  |  1. **Who will develop and/or deliver this course?**   **CDOT Resource Vendor** \* **Other**  *If training is created by a vendor or other please provide the name and cost below.*   |  |  |  | | --- | --- | --- | |  | **Cost:** |  |   **Name of Vendor/Other:**   1. **List S*upporting Documents/Attachments*** *(****e.g.*** *A 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: FOWARD THIS FORM TO YOUR SPONSOR FOR APPROVAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **College Dean or Executive Sponsor:** **Approved**   **Disapproved**  |  |  |  | | --- | --- | --- | |  | **Date:** |  |   **Name/Signature:**   |  | | --- | |  |   **For the Sponsor:** *Is there a business outcome or metric this training supports or improves. If so describe*  **Comments:**  **For College Dean**: *Is/Should this training be listed in any Career Development Maps?* **Yes**  **No**   |  | | --- | |  |   **Comments:**   1. **Please email form and attachments to the CDOTU Administrator at** Michael.Muszynski@state.co.us |

# STEP 3: HR/OED COORDINATION (HR/OED USE ONLY)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CDOTU/OED Review: Training Waiver Required: Yes No**   |  |  |  | | --- | --- | --- | |  | **Date:** |  |   **Name/Signature:**  **Director of HR (If required):** **Approved**   **Disapproved\***   |  |  |  | | --- | --- | --- | |  | **Date:** |  |   **Name/Signature:**  *\*If disapproved, comment/feedback is required. Please attach.*  **FOR LMS Entry:**   |  | | --- | |  |   **LMS Course Title:**   |  | | --- | |  |   **LMS ITEM #:**   |  | | --- | |  |   **LMS Domain:**   |  | | --- | |  |   **Contact for Item:** |