***Request for New Training Development Form***

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

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

#  What is the title of training?

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| Who is the Senior Sponsor of the training? (e.g. CDOTU College Dean, Department Head, RTD, Regional Superintendent) | Who is the target audience for the training? (e.g. This training is for all CDOT supervisors) |

## What are the expected objectives/results of the training? (e.g. What will the participant be able to do after training that he or she can’t do now?)

## 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.)

## 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)

## 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.*

## 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 the name of the audience below.**

## 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.)

## Impact if the Activity is not approved: Are there consequences if this activity is not approved?

## What is the delivery method of this course?

 **CDOT Resource Vendor** \* **Other **

* *If training is created by a vendor or other please provide the name and cost below.*

**Name of Vendor/Other: Cost:**

## List Supporting 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: FORWARD THIS FORM TO YOUR SPONSOR FOR APPROVAL**

1. **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:**

1. **Please email form and attachments to the CDOTU Administrator at** 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:**

**LMS Course Title:**

**LMS ITEM #:**

**LMS Domain:**

**Contact for Item:**