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

A. What is the title of training?

B. Who is the Senior Sponsor of the training? *(e.g. CDOTU College Dean, Department Head, RTD, Regional Superintendent)*

C. Who is the target audience for the training? *(e.g. This training is for all CDOT supervisors)*

D. 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?)*

E. 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.)*

F. 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)*

G. 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.*

H. 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:

I. 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.**

J. 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.**

K. 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.*)

L. Impact if the Activity is not approved: *Are there consequences if this activity is not approved?*

M. 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:**

N. 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: FORWARD THIS FORM TO YOUR SPONSOR FOR APPROVAL

A. 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: [ ]

B. 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: [ ]