TRAINING REQUEST FORM

San Bernardino Community College District

Technology & Educational Support Services (TESS)
1289 Bryn Mawr Ave
Redlands, CA 92374
Website: http://tess.sbccd.org/

Purpose of this Form:

This form is completed by the person(s) requesting and/or coordinating a training session. This form is to be submitted to the Director of Administrative Application Systems in District Computing Services, for approval and resource assignment.

Training requests must be signed and received by e-mail, fax or inter-campus mail, at least, 10 business days prior to the training date requested.

IMPORTANT: By submitting this request, it does not mean that the training and/or resources will be available to approve it.

What to expect:

Steps to request training:

1. Submit the training request.

2. You will receive an e-mail and/or phone call from the director regarding your training request.

3. If your training request is approved:

   a. A trainer and resources will be assigned.

   b. The assigned trainer will contact you via e-mail and/or phone call to follow-up with training specifics.

4. If your training request is NOT approved, the director will notify you via e-mail and/or phone call.

Form Instructions:

- Fill out the form information as completely and in as much detail as you can.

- Any blank fields may increase delay in processing training request.

- Submit the completed form to:

  o E-Mail: achang@sbccd.cc.ca.us
    OR
  o Fax: 909-885-3371, Attention: Andy Chang
    OR
  o Inter-Campus Mail: District Annex, Attention: Andy Chang

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Training Coordinator Information: *(Who is requesting and will be taking lead on the training request?)*

Last Name: _____ First Name: _____ E-Mail: _____

Position Title: _____ Phone: (_____) _____ – _____

Department: _____ Signature: _____ Site: ☐ CHC ☐ SBVC ☐ District

Training Request Information:

Training Method: ☐ In-Person

☐ Conference Call (*Remote / CCCConfer*)

☐ Self-Training (Documentation, Videos, etc. – http://wiki.sbccd.org/TrainingResources/)

If In-Person, Location Preference: _____

Available Budget for Training, if any: _____

Purpose of Training: ☐ Software Demonstration ☐ First-Time Training on Software/Module ☐ Re-Training on Software/Module

Has someone in your office already been trained on what is being requested? ☐ Yes ☐ No   If "Yes", Who? _____

Type of Session: ☐ Open Session (Unspecified Trainees)

☐ Closed Session (Specific Trainees)

Trainer Requested: ☐ Software Vendor

☐ DCS Staff

Trainee Time available per session: ☐ 15 min - 30 min ☐ 30 min – 60 min ☐ 60 min – 90 min ☐ 90 min – 120 min ☐ Other: _____

Trainee Available session day(s) and/or time(s): _____

Systems Available for training: ☐ Colleague ☐ ImageNow ☐ Informer ☐ LeavTrak ☐ EIS

☐ SARSGrid ☐ SARSTrak ☐ SARSAlrt ☐ SiteCore ☐ Resource25

☐ Other: _____

Description of Training Requested: *Please be as specific as you can. Identify software, modules, mnemonics, tasks, etc.*

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Trainee Information: (*Who will be participating in the training?*)

Name: _____ Phone: _____ E-Mail: _____ Site: ☐ CHC ☐ SBVC ☐ District

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Name: _____ Phone: _____ E-Mail: _____ Site: ☐ CHC ☐ SBVC ☐ District

Supervisor's Name (Print): _____ Signature: _____ Date: _____

For TESS Use Only

Approval Information
Date Received : _____
Status: ☐ Approved ☐ Returned