



**Franklin County Department of Human Resources Training & Development
Training Request/Suggestion Form**

NAME: _____ **DATE:** _____

AGENCY _____ **JOB TITLE** _____

CONTACT INFORMATION (OPTIONAL): _____

WE VALUE YOUR INPUT AND FEEDBACK. PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION RELATED TO YOUR WORKSHOP REQUEST AND/OR SUGGESTION:

WORKSHOP TOPIC: _____

BRIEF DESCRIPTION OF WORKSHOP:

IF YOU ARE A DIRECTOR OR SUPERVISOR, WOULD YOU PREFER TO HAVE THIS TRAINING DELIVERED AT AN ALTERNATIVE LOCATION?

YES **NO** **PREFERRED ALTERNATIVE LOCATION:** _____

REQUIRED SPACE: _____

OTHER PERTINENT INFORMATION:

THANK YOU FOR YOUR SUGGESTION/IDEA!
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