

Training Request Form 2024

Name:	Department:
Contact Number:	Email:
• Select the reque	sted training module(s):
Leade	rship/Supervisory Training for First Time Supervisors
Profes	ssionalism in the Workplace/CSR
EEO S	exual Harassment Training/EEO Officer
HR Po	licies and Procedures/DARC/FMLA for Supervisors
Confli	ct Resolution for Employees
Busine	ess Ethics-What Employees Need to Know
Perfor	rmance Review Assessment Training
HR Pe	rsonnel Action in Munis Training/HRBP
Krono	s Timekeeping Training/Compliance Officer
Team	Building for All Employees or Supervisory Staff
Other	Training (Please be specific):

•Would the selected training be for:								
	Direct Report (Managers/Supervisors)			Department/Division Employees				
• Select the best time to attend training: Morning Session Afternoon Session			•	Both	Number of Attendees:			
Select two dates that you would like to begin this training:								
	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024			
	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024			
	Additional Comments:							

If any questions, please feel free to contact:

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