



New Training Coordination Form

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

Note: If you are intending to purchase training through the National Highway Institute, there is a separate and shorter process. Please contact the Office for Employee Development for Details.

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: [text box]

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 [checkbox] Yes [checkbox] If "Yes", Enter the Course title and LMS Item number below.

[text box for prerequisite details]

J. Is this training mandatory by statute, policy or other directive to a specific audience?

No [checkbox] Yes [checkbox] If "Yes", Enter that statute, policy and/or audience below.

[text box for mandatory training details]

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.)

[text box for reasons for proposing activity]

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

[text box for impact of activity not approved]

M. Who will develop and/or deliver this course?

CDOT Resource [checkbox] Vendor * [checkbox] Other * [checkbox]

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

Name of Vendor/Other: [text box] Cost: [text box]

N. 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.)

[text box for supporting documents/attachments]



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

STEP 3: HR/OED: Approval Chain (HR/OED USE ONLY)

CDOTU/OED Review: Training Waiver Required: Yes No

Name/Signature: Date:

Director of HR (If required): 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: