



REQUEST FOR TRAINING PERSONNEL - Phoenix Indian Center

www.phxindcenter.org

Phx Office (602) 264-6768 phone
(602) 274-7486 fax

Winslow Office (928) 289-4644 phone
(928) 289-0450 fax

COMPANY NAME: _____ DEPARTMENT: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

TRAINING TITLE: _____

Full time / Part time WORK HOURS: ?am- ?pm with DAYS S **M** **T** **W** **TH** **F** **S**
Total hrs per wk: _____ ? hr *unpaid* lunch
(Underline & Bold One) (Example: 8am to 5pm w/1 hr *unpaid* lunch) (Underline & Bold days)

Training JOB DUTIES: Describe in procedural format & attach additional training responsibilities if needed.

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

Is a WEP Trainee, who has been convicted of a **crime** (other than a moving violation or **DUI**), Yes No
eligible to apply? _____ _____

If YES, limitations: _____

REQUIREMENTS: _____

Signature of IMMEDIATE SUPERVISOR: _____
Please PRINT NAME and TITLE of SUPERVISOR: _____

OFFICE USE ONLY

NWS Training Liaison: _____ Date Received: _____
NWS Program Manager: _____ Date Received: _____

Monthly Objectives for Trainee:

Site supervisors are to evaluate trainee’s work performance at 30 days intervals. Supervisor and trainee should review and sign evaluation. Trainee’s monthly evaluation should reflect a monthly objective (4 total) set **by site supervisor**. An objective is a **skill or goal** to achieve for the month. As trainees progress month to month – their objective should reflect their progress. An objective is different from trainee’s daily job duties as indicated on the training request form.

1st Monthly

Objective

2nd Monthly

Objective

3rd Monthly

Objective

4th Monthly

Objective
