|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Position and User Information \*Requires electronic completion and submittal** | | | | | | |
| **Position Number:** | | **Position Title:** | | | | |
| **Current Holder First Name:** | | **Current Holder Last Name:** | | | | **TXState NetID:** |
| **Department Name:** | | | **Office Phone:** | | | |
| **Classification: (pick one)  Student Employee**  **Regular Employee  Special/Guest**  **Temporary Employee  Consultant** | | | **Effective Dates**  **Date From:**   **To:**  **(Required for Temps, Students, Consultants, and Special/Guest)** | | | |
| **Reason for request:  New Position  Existing Position** [**REQUEST FOR MULTIPLE POSITIONS**](http://gato-docs.its.txstate.edu/jcr:32254e98-6733-4579-a0d6-089dc00cb54f/Training%20Request%20for%20Multiple%20Positions.xlsx) | | | | | | |
| **Section 2: Select training to be assigned to the designated position:** | | | | | | |
| **Indicate ADD or DELETE or  DELETE ALL Access for this position according to the selected roles** | | | | | | |
| **Action** | **Training Course Title**  **(Restricted to Student Health Center use only)** | | | **Action** | **Training Course Title**  For course details visit the [EHSRM Training Website](https://www.fss.txstate.edu/ehsrm/Training.html) | |
| **DELETE**  **ADD** | Bio Terrorism Certification | | | **DELETE**  **ADD** | Hazardous Waste Certification | |
| **DELETE**  **ADD** | Bloodborne Pathogens Certification | | | **DELETE**  **ADD** | Illicit Discharge Detection and Elimination | |
| **DELETE**  **ADD** | CPR Review Certification | | | **DELETE**  **ADD** | Spill Prevention, Control and Countermeasure | |
| **DELETE**  **ADD** | Hazardous Communication for SHC | | | **DELETE**  **ADD** | Hazardous Communication Certification | |
| **DELETE**  **ADD** | Infection Prevention & Control Cert | | | **DELETE**  **ADD** | Good Housekeeping/Pollution Prevention | |
| **DELETE**  **ADD** | Latex Allergy Certification | | | **DELETE**  **ADD** | Sharps Injury Prevention Program | |
| **DELETE**  **ADD** | Non Clinical Infection Prevention Cert | | |  |  | |
| **DELETE**  **ADD** | TB Education Certification | | |  |  | |
| **DELETE**  **ADD** | Universal Precautions | | |  |  | |
| **Section 3: Requestor and Supervisor Information** | | | |  | **Section 4: Review and Approval** | |
| **Requested By:** |  | | | **EHSRM** | **YES  NO  Approver Initials:**  **Date:** | |
| **NetID:** |  | | | **SHC** | **YES  NO  Approver Initials:**  **Date:** | |
| **Phone:** |  | | | **PRO DEV** | **YES  NO  Approver Initials:**  **Date:** | |
| **Date:** |  | | | **FAC RECORDS** | **YES  NO  Approver Initials:**  **Date:** | |
| **Dept Head Signature:** |  | | | **HR** | **YES  NO  Approver Initials:**  **Date:** | |
| **Dept Head Name:** |  | | |  |  | |
| **Date:** |  | | |  |  | |

*By signing above, the Department Head acknowledges the indicated position(s) requires the requested training. Upon approval, submit completed form to Environmental Health, Safety & Risk Management,* [*EHS@txstate.edu*](mailto:EHS@txstate.edu)*, for verification. EHSRM will forward approved form to Organizational Development & Communications,* [*hr\_odc@txstate.edu*](mailto:hr_odc@txstate.edu)*, for review, and upon completion, OD & Communications will forward the form to the applicable back office for course indicator(s) to be built. Student Health Center requests will be sent directly to the HR MDC for processing.*

* *Requests for departments within the Academic Affairs division will be sent to Elizabeth Mello,* [*ES15@txstate.edu*](mailto:ES15@txstate.edu)
* *Requests for departments in other divisions will be sent to HR MDC,* [*hr\_mdc@txstate.edu*](mailto:hr_mdc@txstate.edu)

*R 8/10/17*