



EAP Training Request

Please complete the top portion of this form and return to Family Service EAP to request presentations.

Date: _____

Name of person requesting training: _____ Phone#: _____

Company Name: _____

Contact person (if different): _____ Phone#: _____

Training Topic: _____

Specifics or current situations: _____

Location and directions: _____

Number of presentations requested: _____ Number of participants per training: _____

Tentative dates/times: _____, _____, or _____

Our facility has available for use:

- | | |
|---|---|
| <input type="checkbox"/> Projector | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> DVD Player |
| <input type="checkbox"/> Display Screen | <input type="checkbox"/> Speakers/Sound |

Signature: _____ Date: _____

Confirmation of EAP Training (To be completed by EAP)

Date(s) scheduled: _____ Time(s): _____

Other: _____

Company Signature: _____ Date: _____

EAP Representative Signature: _____ Date: _____