

PSWP Workshop Request Form

PSWP workshops are tailored to the diverse professional development needs of PEF-represented and Management/Confidential (M/C) employees. This form can be used by Agency Liaisons, management representatives, or union representatives to request delivery of a workshop on behalf of your agency.

Requests for workshops will be evaluated by the PSWP Advisory Committee, which is comprised of representatives from GOER and PEF. The PSWP Advisory Committee will review requests at meetings held every four to six weeks. The process may take several months. Please plan accordingly.

NOTE: Please complete one form for each offering; i.e., if requesting delivery at two locations, complete one request for each. You can also submit this form online at <http://www.pswp.info/requestTopic.cfm>.

Date of Request: ____ / ____ / _____

Title of Requested Workshop/Training Program:

Description of Requested Workshop/Training Program:

Primary Contact Person for this Workshop Request

First and Last Name:	Check all that apply to primary contact person: <input type="checkbox"/> Agency Liaison to PSWP <input type="checkbox"/> Management Representative <input type="checkbox"/> PEF Representative <input type="checkbox"/> Subject Matter Expert <input type="checkbox"/> Other: _____
Agency & Job Title:	
E-mail:	
Work Phone: () _____ - _____	

Is there a secondary contact person for this Workshop Request? If so, list his/her contact information below.

First and Last Name:	Check all that apply to secondary contact person: <input type="checkbox"/> Agency Liaison to PSWP <input type="checkbox"/> Management Representative <input type="checkbox"/> PEF Representative <input type="checkbox"/> Subject Matter Expert <input type="checkbox"/> Other: _____
Agency & Job Title:	
Email:	
Work Phone: () _____ - _____	

PSWP Workshop Request Form

Location: Where would you like this workshop to be delivered?

City/Region: _____

Facility: _____

Timeframe: What is the preferred timeframe for delivery of this workshop? _____

(e.g., "in 8-10 weeks" or "summer 20**")

Delivery Method: What is the preferred delivery method for this workshop?

- Instructor-led Classroom
- Videoconference / Webinar
- Online
- Other: _____

Continuing Education Units (CEUs): Are you seeking CEUs for this workshop? No Yes

If so, what type of CEU? _____

Target Audience: Estimated number of participants: PEF-represented _____ M/C _____

Job titles of employees in target audience for this requested workshop:

Please describe the need for this workshop and how it will benefit the agency and participating employees.

Please describe any agency-specific content requested for this workshop request such as case studies, reports, data sets, reference to specific laws/policies, etc.

PSWP Workshop Request Form

How will your agency measure the effectiveness of this training?

Are you aware of any reasonable accommodations that must be provided? If so, please describe:

Thank you for submitting this application. PSWP staff will follow up with you to determine how best to meet your agency's professional development needs.

Email your completed workshop request form to: PSWPRequest@albany.edu

You may also fax the form to: 518-442-6647

Please save a copy of the completed workshop request for your records.

To contact PSWP by phone, call: 518-442-6537

Primary funding for the Public Service Workshops Program (PSWP) consists of joint labor/management funds negotiated by the State and PEF. Additional support comes from funds allocated by the State for professional development of management/confidential (M/C) employees. The program is administered by the Professional Development Program (PDP) of the Nelson A. Rockefeller College of Public Affairs and Policy, University at Albany, under a contract with the Governor's Office of Employee Relations.

The Governor's Office of Employee Relations (GOER) and the State of New York provide equal access to its programs for all persons and is an equal opportunity employer. It is our policy to maintain an academic and work environment free of discrimination and harassment against any person on the basis of race, color, national origin, age, disability, sex, religion, gender identity, sexual orientation, genetic characteristics or information, political beliefs, status as a victim of domestic violence, and veteran, marital or family status or any other discrimination prohibited by law. Harassment of any individual will not be tolerated.

Reasonable accommodations are available, upon request, in all aspects of state training, consistent with the Americans with Disabilities Act and the New York State Human Rights Law, to ensure that every individual is able to gain maximum benefit from the training experience.