|  |
| --- |
| **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%3A32254e98-6733-4579-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**, for verification. EHSRM will forward approved form to Organizational Development & Communications,* *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*
* *Requests for departments in other divisions will be sent to HR MDC,* *hr\_mdc@txstate.edu*

*R 8/10/17*