Office of Human Capital Management
Learning Center

USER REQUEST FORM

☐ CIVIL SERVICE EMPLOYEE ☐ INTERN ☐ CONTRACTOR

1. Employee Name	2. Date of Request	3. Phone/Extension

4. Organizational Code	5. Job Title

COURSES

Fill in Courses only. Starting date, Ending date, and Total Hours will be filled out by the Learning Center Staff.

6. Course(s) Requested	Start mm/dd/yyyy	End mm/dd/yyyy	Total Hours

7. Justification (Explain benefit of course in terms of employee's job responsibilities)

APPROVAL SECTION

Signature required only if course is more than 8 hours in length and/or non-job related and taken during duty hours

8. Supervisors Name (Printed)	9. Org Code	10. Supervisors Signature

TRAINING ACTION

To be completed by GSFC Learning Center Coordinator

Course Type: