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| **Real Estate Contracting Officer/Specialist**  **Training and Development Plan**  **Fiscal Years 2014 – 2015** | | | |
| Section A – Employee/Requestor Information | | | |
| 1. Name (*Last, First, MI*) | | 2. Email Address: | |
| 3. Mailing Address *(Street, City, State and Zip)* | | 4. Phone Number and Extension  (   )     -      ext. | |
|  | |
|  | | 5. Certification Level (if any) | |
| 6. Position title/function | | 7. Service Area  Select Service Area from list | |
| Section B *–* Training and Development Plan | | | |
| **8. Requested Classroom Training** (Type desired training topic below or select from the required courses in the drop down list.) | | | |
| **Course Name (if known) or Competency Area** | **Date Required**  (MMM-yy) | | **Purpose**  (Primary reason for requesting training) |
| Type desired topic or select required course from drop down list |  | | Certification  Re-certification |
|  |  | | Certification  Re-certification |
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|  |  | | Certification  Re-certification |
|  | | | |
| **9. Online Training** (Type desired online training topic below or select from the required courses in the drop down list.) | | | |
| **Description of Developmental Activity** | **Date Planned**  (MMM-yy) | | **Purpose**  (Primary reason for planned development) |
| Type desired online training topic or select required training from list |  | | Certification  Re-certification |
|  |  | | Certification  Re-certification |
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| **Real Estate Contracting Officer/Specialist**  **Training and Development Plan**  **Fiscal Years 2014 – 2015** | | | |
| Section B – Training and Development Plan (continued) | | | |
| **10. Development Opportunity** (Type desired developmental opportunity or select activity from drop down list) | | | |
| **Description of Developmental Activity** | | **Date Planned**  (MMM-yy) | **Purpose**  (Primary reason for planned development) |
| Type desired developmental opportunity or select activity from drop down list | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | |  | Certification  Re-certification |
|  | | | |
| **11. Training/Development objective(s)**  a. What do you hope to accomplish in completing these training and development activities?    b. What is the impact on you/your organization if you do not take this training?    **12. Additional Comments (if any)** | | | |
| **Section C – Approvals** | | | |
| I certify that this training/development is directly job related and understand that it is subject to budget availability. | | | |
| Employee Signature: | Supervisor Name:    Signature: | | |
| Date: | Date: | | |