

<b>REQUEST FOR STATE-SPONSORED EDS TRAINING</b>		A. EDS Tracking Number	B. Request Date
<b>Section A – REQUEST INFORMATION</b>			
1. Requesting Organization (e.g. Agency, State, Center, Division)		2. EDS Course Title	
3. Point of Contact (POC) Name		4. Number of Seats Needed	
		a. Employees	b. Partners
5. POC Title		6. List of Participating Organizations (e.g. States, Centers, Divisions)	
7. POC Email Address		8. Requester Funding Acknowledgement <input type="checkbox"/> All costs will be funded by the requesting and/or participating organization(s).	
9. POC Phone Number		10. Comments/Proposed Dates and Locations	
<b>Section B – RECOMMENDATIONS</b>			
1a. EDS Course Manager Name		1. Recommendation to Support this Request	
		b. Yes <input type="checkbox"/>	c. No <input type="checkbox"/>
1d. Comments – Provide final dates and locations if known		1e. Signature and Date	
2a. EDS First-Level Approver Name		2. Recommendation to Support this Request	
		b. Yes <input type="checkbox"/>	c. No <input type="checkbox"/>
2d. Comments		2e. Signature and Date	
<b>Section C – APPROVAL</b>			
1a. Final EDS Approver Name		1. Final Decision for the Customer Request	
		b. Yes <input type="checkbox"/>	c. No <input type="checkbox"/>
1d. Comments		1e. Signature and Date	
<b>ROUTE TO REGISTRAR</b>			

August 2019