



Compliance Training Request Form

Section 1: Requestor Information

Name: _____ Date: _____

Department: _____ Job Title: _____

Email: _____ Phone Number: _____

Section 2: Training Details

Training Requested: _____

Proposed Availability Date(s): _____

Number of Participants: _____

Section 3: Purpose & Objectives

Please describe the purpose of this training request:

Section 4: Compliance Area

☐ Occupational Safety & Health

☐ Environmental Compliance

☐ Fire Safety

☐ Other: _____

Section 5: Approvals

Supervisor/Director Approval: _____ Date: _____

OSHE Director/Manager Approval: _____ Date: _____

Please email a completed copy to OSHE@morgan.edu.