



# Office of Organizational and Professional Development Service Request Form

Date of Request:

Requester's Name:

Requester's Department:

Email:

Phone: (please also include a cell phone number in case of unforeseen circumstances)

(O)

(C)

Leadership's Name:

Email:

Phone:

## Business Need and Expectations

Type of service requested:

What business initiative(s) will this support?

Why do you think you need this? (Describe the performance issue(s) that the client wants to address AND why he/she thinks the problem is occurring [this can help you identify other issues besides knowledge/skill gaps].)

What are your outcome expectations?

## Details

How many employees are involved?

What is your preferred time-frame for OD services?

What is your preferred location? Describe the room setup and if we can modify the room contents (tables/chairs) for this event. Also note audio/visual technology available for use.

**Notes:**