

VectorSolutions
Authorization for Deployment of Training

VectorSolutions Training

Offline Training

Custom Training

Contact Information

Name: _____ Date: _____

Department: _____ Job Title: _____

Email: _____ Phone: _____

Dept Head/Training Coordinator: _____

DH/TC Signature: _____ Date: _____

TRAINING INFORMATION

Title of Vector/Custom Training: _____

Vector Course Library Category (if applicable): _____

Offline/Custom Training Author (if applicable): _____

Length of Course: _____

Custom Training: URL/Web address: _____

Jump drive provided, return to: _____

Frequency of Training: One Time Annual* New Hire Only Other _____

*Annual training is not automatic. You must ensure that the training is up-to-date and contact the UND Vector Administrators for annual deployment.

Training Type: Mandatory** Suggested

**What law, regulation, policy, governing body requires this training to be mandatory?

**Mandatory training must be approved by Divisional Vice President.

Divisional VP Signature: _____

Training Start Date: _____ Training Due Date: _____

(please allow at least two weeks for processing and set-up time when choosing start date)

Target Audience: Campus Wide Department Specific Individual(s)

What job code(s)/department number(s) are needed to complete the training? If individual assignment (not by job code) is to be processed, the UND dotted identifier must be listed: (attach list if needed)

Final Approval Section (for Office of Safety use only)

Review Committee Representative: _____ Date: _____

Risk Management Officer (or Auth Rep): _____ Date: _____