SARASOTA COUNTY GOVERNMENT

Organizational Development

Computer Based Training Request (CBT)

NAME: (**Please print**) _____

BUSINESS CENTER _____
(Elected Official, i.e. Property Appraiser, Tax Collector, Elections, Sheriff etc.)

WORK PHONE #:_____

E-MAIL ADDRESS to use: _____ (please print)

DESIRED CBT: List CBT Title or Series Name (please do not use the code number)

(1)_____

(2)_____

(3)_____

(4)_____

APPROVAL:

_____
IMMEDIATE SUPERVISOR/APPROVAL AUTHORITY SIGNATURE DATE
(Note: supervisor must sign if doing at work)

Please provide all information requested. **Fax to 861-5762 or scan the signed request to AskTPM@scgov.net** Or Interoffice to OED, 1660 Ringling Blvd., 4th Floor. For questions, please call 861-5396.

If you will be doing the CBT at work, please have your supervisor sign off on this request.

NOTE: If this is your first request, you will receive an email supplying you with instructions, password and ID. You will receive one CBT to start from your list (usually in the order of your request).