

MLC Staff Training Request Form



| Part I. Contact Informatio | n | | | | |
|--|---------------------------|------------------------|----------------|-------------------------|--|
| Contact Name: | | | Contact Phone: | | |
| Contact E-mail: | | | | | |
| Library System: | | | | | |
| Library System Director | | | | | |
| Part II. Training Details: L | ocation, Dates, and Num | ber of Staff | | | |
| Location of Training (Library Branch Name & Address): | | | | | |
| *Note: All requests for train | ing should be made one r | month in advance. | | | |
| Training Date Option 1: | | | | | |
| Training Date Option 2: | | | | | |
| Number of staff to be train | ed (estimate, if unsure): | | | | |
| Amount of time allotted fo | r training: (1 hour | 2 hours 1/2 Da | ay C Full Day | | |
| Comments: | | | | | |
| Part III. Check the training topics you are requesting MLC staff to train on: | | | | | |
| ☐ MAGNOLIA | ☐ Trustee Training | Story Time | ☐ Talking | ☐ Talking Book Services | |
| E-Books | Customer Service | Friends of the Library | Other (| note in comments) | |
| Additional Comments : | | | | | |
| Part III. Check the training topics you are requesting MLC staff to train on: MAGNOLIA Trustee Training Story Time Talking Book Services E-Books Customer Service Friends of the Library Other (note in comments) | | | | | |
| Laptop | | | | | |
| ☐ Projector | | | | | |
| ☐ Speakers | | | | | |
| E-Readers (only for E-Book Trainings) | | | | | |
| Other/Additional Comments: | | | | | |

Note: If the submit button does not open your default email application, please save this document to your computer, then email the pdf file to ndunaway@mlc.lib.ms.us.