University of Colorado Libraries
Cross-training Request Form

Name of person requesting training:

__________________________________________________________________________

Home Department:

__________________________________________________________________________

Destination (Host) Department:

__________________________________________________________________________

Request:

Goals:

Time Frame: Beginning Date: ___________ End Date: ___________ # of hours/week ________

Approval Signatures:

Individual

__________________________________________________________________________ Date: _________________

Supervisor (Home Dept.)

__________________________________________________________________________ Date: _________________

Department Head (Home Dept.)

__________________________________________________________________________ Date: _________________

Supervisor (Host Dept.)

__________________________________________________________________________ Date: _________________

Department Head (Host Dept.)

__________________________________________________________________________ Date: _________________

Postponement Reason (if any):

Signature of supervisor requesting postponement:

__________________________________________________________________________ Date: _________________