



Workplace Wellness

EMPLOYEE ASSISTANCE PROGRAM

1321 I Street, Suite 3 ■ Modesto, CA 95354

Phone 209.558.8466 ■ Fax 209.558-8483

www.WorkplaceWellness.org

REQUEST FOR ON-SITE TRAINING

PLEASE PRINT CLEARLY

DEPARTMENT NAME: _____

CONTACT PERSON: _____

PHONE NO.: _____ OTHER: _____

TRAINING TITLE: _____

DATE & TIME (if applicable at time of request): _____

NO. OF ATTENDEES: _____

LOCATION (if applicable at time of request): _____

SHORT DESCRIPTION OF WORKSHOP/TRAINING YOUR ARE SEEKING:

We will contact you to discuss further information to help design the workshop/training needed. Please provide the best time & day to reach you: _____

WORKPLACE WELLNESS USE ONLY

DATE ENTERED: _____ DATE CONFIRMED: _____

