

Worksite Training Requests

Steps for Management Representatives and CSEA Leaders to Request a Course

Step 1.

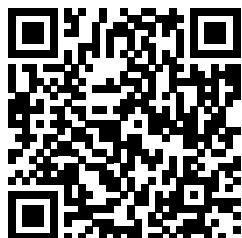
Jointly assess the workforce development and training needs of the agency/facility and its CSEA-represented NYS employees.

Step 2.

Determine if there is an existing Partnership course or service that meets the needs of the targeted audience. If the topic of interest is not listed, contact the Partnership to discuss the particular agency or workforce needs.

Step 3.

Submit the joint Worksite Training Application to the Partnership, signed by appropriate CSEA and management representatives.



**NYS & CSEA
Partnership**

Click or scan the QR Code to view the Partnership's Online Course Catalog with full course descriptions.

Partnership Courses At-A-Glance

CLASS TYPE KEY: **IP** - In-Person (half-day, full-day, or multi-day sessions) **W** - Webinar (1-hour sessions) **O** - Online Course (3-hour, multi-day sessions) **★** - New / Revised

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| <h3>Adult Education Basics</h3> <ul style="list-style-type: none"> O - Effective Reading Skills 1 ★ O - Effective Reading Skills 2 ★ O - Math Refresher 1 O - Math Refresher 2 | <ul style="list-style-type: none"> W - Developing Your Emotional Intelligence ★ W - How to Navigate Conflict Effectively ★ W - Influencing Without Authority W - Job Etiquette W - Managing Emotions in the Workplace W - Managing Stress in Customer Service W - Professionalism in the Digital Age IP - Workplace Social Skills | <h3>Trades, Operations, and Maintenance</h3> <ul style="list-style-type: none"> IP - Air Conditioning and Refrigeration Intermediate ★ IP - Air Conditioning and Refrigeration Basics ★ IP - Air Conditioning and Refrigeration: EPA Section 608 Certification ★ IP - Blueprint Reading Fundamentals IP - Carpentry Advanced IP - Carpentry Basics IP - Carpentry Intermediate IP - Electricity Advanced IP - Electricity Basics IP - Energy Conservation: Alternative Technologies and Sustainability IP - Masonry Advanced IP - Masonry Basics IP - Plumbing Advanced IP - Plumbing Basics IP - Small Engine Repair |
| <h3>Computer Skills</h3> <ul style="list-style-type: none"> W - Get More Done with Keyboard Shortcuts W - Internet Research Skills IP - Microsoft Excel Basics O - Microsoft Excel Basics IP - Microsoft Excel Intermediate O - Microsoft Excel Intermediate ★ W - Microsoft Outlook: Managing Contacts and Tasks W - Microsoft Outlook: Organizing and Managing Your Email W - Microsoft Outlook: Working with Calendars W - Microsoft Teams IP - Microsoft Word Basics O - Microsoft Word Basics IP - Microsoft Word Intermediate O - Microsoft Word Intermediate | <ul style="list-style-type: none"> IP - Labor-Management Committee Process Training W - The Fundamentals of Labor-Management Committees | <h3>Language Skills</h3> <ul style="list-style-type: none"> IP - English for Speakers of Other Languages 1 IP - English for Speakers of Other Languages 2 IP - Focus on Pronunciation: Level 1 ★ IP - Focus on Pronunciation: Level 2 ★ IP - My Name Is...English Language Literacy ★ |
| <h3>Individual Development</h3> <ul style="list-style-type: none"> IP - Aspiring Leaders W - Best Practices for Interviews W - Best Practices for Resumes and Cover Letters W - Career Options Within NYS Government Using GOT-IT W - Dealing with Stress W - Financing Your Education W - Know Your Credit Report W - Manage Your Money W - Merit System: Examinations and Eligible Lists W - Merit System: Transfers W - Preparing for a Civil Service Exam W - Protect Your Identity W - Study Skills to Build Success W - Using Credit Wisely W - Using the Tuition Benefits Program | <ul style="list-style-type: none"> IP - Introduction to Accounting IP - Introduction to Charts and Graphs | <h3>Math Skills</h3> <ul style="list-style-type: none"> IP - Introduction to Accounting IP - Introduction to Charts and Graphs |
| <h3>Interpersonal Communication</h3> <ul style="list-style-type: none"> W - Better Team Skills IP - Building Better Work Relationships W - Communicating with Confidence IP - Customer Service O - Customer Service | <ul style="list-style-type: none"> IP - Asbestos Awareness IP - Back Injury Prevention ★ IP - Boiler Safety Awareness IP - Chainsaw Safety Awareness IP - Computer Ergonomics Assessor Training ★ IP - Control of Hazardous Energy (Lockout/Tagout) W - De-Escalation Basics ★ IP - Effective De-Escalation Skills ★ W - Exploring a Career in Nursing IP - Fall Protection Awareness IP - Forklift Operator Safety Awareness W - Home Ergonomics IP - OSHA 10-Hour General Industry W - Preventing Slips, Trips, and Falls W - Preventing Slips, Trips, and Falls for the Outdoor Worker IP - Running an Effective Safety and Health Committee W - Situational Awareness W - Snow Removal Safety W - Where There's Smoke, There's Fire W - Working Safely in Areas Affected by the Emerald Ash Beetle ★ | <h3>Work Management</h3> <ul style="list-style-type: none"> IP - Critical Thinking IP - Effective Problem Solving W - Introduction to Critical Thinking W - Organizing Your Workspace for Increased Productivity W - Problem Solving: A Six Step Process W - Take Control of Your Time IP - The Organized Office Worker O - The Organized Office Worker IP - Thriving in the Changing Workplace <h3>Writing Skills</h3> <ul style="list-style-type: none"> W - Avoiding Common Punctuation and Grammar Mistakes W - Crafting Powerful Writing: Precision and Clarity W - Essentials of Report Writing W - Expanding Your Vocabulary IP - Grammar and Punctuation Workshop W - Professional Email That Gets Results IP - Successful Business Writing O - Successful Business Writing W - The Foundations of Good Writing IP - Writing Effective Reports and Evaluations |

WORKSITE TRAINING APPLICATION

To request training at your agency or facility, complete this application and mail, fax, or email (listed above) to the NYS & CSEA Partnership. If requesting multiple classes, please submit an application form for each.

This application can be filled out by hand or electronically. If filling it out electronically, click on the fields to be completed and type your text. Once completed, print the application and obtain the required signatures. You can save a digital copy on your computer or print out an extra copy for your records.

1

Agency Name: _____

Facility Name (if applicable): _____

Exact Number of CSEA-represented NYS employees participating: _____

Titles or general positions of participating employees: _____

Labor-Management training ONLY. How many management representatives: _____ labor representatives: _____

Safety and Health training ONLY. How many participants from other bargaining units: _____

2

Course name you are requesting: _____

Explain how this course will benefit your workforce:

Describe the labor-management process you followed to select participants:

Proposed training site location and full address

Agency: _____ Facility: _____
 Building: _____ Room: _____
 Address: _____
 City/NY/Zip: _____

Preferred training date(s) and time(s) (at least eight weeks after submission of application):

First Choice Date(s): _____ Start & End Times: _____
Second Choice Date(s): _____ Start & End Times: _____

Provide name of site contact for this course responsible for making all arrangements (confirming course content with participants, scheduling training space, receiving materials, preparing course roster, meeting instructor at start of training):

Name: _____ Title: _____
 Address: _____
 City/NY/Zip: _____
 Email: _____ Phone: _____

Labor-Management Contact Information

By submitting this application, the management representative and CSEA local president certify all information contained in this application is accurate and complete. The assessment and development of this training request has been a joint collaboration, and the management representative and CSEA local president will be involved in all aspects of course arrangement and delivery.

CSEA Local President

Name: _____ Title: _____
 Agency: _____ Facility: _____
 Address: _____ City/NY/Zip: _____
 Email: _____ Phone: _____
 Signature: _____ Date: _____

Management Representative (personnel director, training director, facility director, or equivalent)

Name: _____ Title: _____
 Agency: _____ Facility: _____
 Address: _____ City/NY/Zip: _____
 Email: _____ Phone: _____
 Signature: _____ Date: _____