Workforce 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 Workforce Training Application to the Partnership, signed by appropriate CSEA and management representatives.

NYS & CSEA Partnership

Click or scan the QR Code to view more information on our website about the Partnership's Workforce Training.

www.nyscseapartnership.org | learning@nyscseapartnership.org | (518) 486-7814 or (800) -253-4332

Partnership Courses

Click or scan the QR code to view the Partnership Course Catalog with full course descriptions.

NYS & CSEA Partnership

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**

Adult Education Basics

- O - Effective Reading Skills 1
- O - Effective Reading Skills 2
- O - Math Refresher 1
- O - Math Refresher 2

Computer Skills

- 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 Classic: Managing Contacts and Tasks
- W - Microsoft Outlook Classic: Organizing and Managing Your Email
- W - Microsoft Outlook Classic: Working with Calendars
- IP - Microsoft PowerPoint Basics
- W - Microsoft Teams
- IP - Microsoft Word Basics
- O - Microsoft Word Basics
- IP - Microsoft Word Intermediate
- O - Microsoft Word Intermediate

Individual Development

- 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

Interpersonal Communication

- W - Better Team Skills
- IP - Building Better Work Relationships
- W - Communicating with Confidence
- IP - Customer Service
- O - Customer Service
- W - Developing Your Emotional Intelligence
- W - How to Navigate Conflict Effectively
- W - Influencing Without Authority
- W - Job Etiquette
- W - Managing Stress in Customer Service
- W - Professionalism in the Digital Age
- IP - Workplace Social Skills

Labor-Management Services

- IP - Labor-Management Committee Process Training
- W - The Fundamentals of Labor-Management Committees

Language Skills

- 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

Math Skills

- IP - Introduction to Accounting
- IP - Introduction to Charts and Graphs

Safety & Health

- IP - Back Injury Prevention ★
- IP - Boiler 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 - Emerald Ash Borer Awareness

Trades, Operations, & Maintenance

- IP - Air Conditioning and Refrigeration Basics
- IP - Air Conditioning and Refrigeration Intermediate ★
- 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 - Masonry Advanced
- IP - Masonry Basics
- IP - Plumbing Advanced
- IP - Plumbing Basics
- IP - Small Engine Repair

Work Management

- 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

Writing Skills

- W - Avoiding Common Punctuation and Grammar Mistakes
- W - Crafting Powerful Writing: Precision and Clarity
- W - Essentials of Report Writing
- W - Expanding Your Vocabulary
- 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

NYS & CSEA Partnership

WORKFORCE TRAINING APPLICATION

Corporate Plaza East – Suite 502
240 Washington Avenue Extension
Albany, New York 12203
Phone: (518) 486-7814 or (800) 253-4332
Fax: (518) 486-1989
Email: learning@nyscseapartnership.org

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:

The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment, admission, or access to its programs and activities. Reasonable accommodation will be provided upon request.

3

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: _____

4

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: _____