

Ohio Department of Medicaid
External Training Request

All external training requests, along with the necessary attachments, must be submitted with an ODM green sheet for approval. On the green sheet, please indicate the necessary approvals requested:

- Deputy Director or Designee
- Chief Fiscal Officer or Designee (If funds are not available within the Office)

Requests must be received no later than 14 days prior to the start of the training or course. Incomplete applications will be returned to the employee and will need to be re-submitted. Untimely resubmissions may result in disapproval.

Employee Section

Name	State of Ohio User ID	Phone
Email	Office	Section
Training Provider Name	Title of Training Class	Cost
Contact Information	Description with Agenda <i>(If there is a cost, a description with cost information and agenda must be submitted as an attachment with this form.)</i>	
How is the training related to either your current position or a job classification in ODM?		
Continuing Education Units provided by training provider (amount and type) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Units	Ceu Type
Employee Signature	Date	
Does this training involve travel reimbursement? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Note: If yes, you MUST enter the request into the ODM Travel request SharePoint site.		

This external request is for *(select all that apply)*

<input type="checkbox"/> “Work Assigned Training” includes learning opportunities that will enhance, develop and improve an employee’s job skills. Work Assigned training programs or courses must be relevant to an employee’s current position and attendance at training must be directed by an employee’s manager.
<input type="checkbox"/> “Certification Training” is training required to maintain a certification or license necessary to remain in an assigned classification.

Manager Section

Is this training directly related to the employee's current position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this training related to a job classification used with ODM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you approve this external training request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manager Signature	Date

Deputy Director

Do you approve this external training request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request within your Office's budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If no, this request will need approval from Fiscal Operations.

Please forward the completed form with signatures via email to the ODM Training Program Manager at odmtraining@medicaid.ohio.gov or deliver it to ODM/Human Resources/Employee Outreach, Attn: Training Program Manager.

Training Program Manager or Designee

Is the requested training available elsewhere for a lower cost? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If training is available at a lower cost, Training Program Manager or Designee will contact employee and manager to discuss alternatives.
Do you approve this external training request? <input type="checkbox"/> Yes <input type="checkbox"/> No

If approved and the funds are NOT available within the Office's Budget, the Training Program Manager will forward the request and green sheet for approval.

If approved and additional funds are not necessary, the Training Program Manager or designee will inform the employee and his or her manager of the approval/disapproval with seven (7) calendar days.

If the request is disapproved, the employee may appeal the decision in writing with seven (7) calendar days of notification. Disapprovals based on unavailability of funds or operational need **may not be appealed**. The Director of Human Resources or designee will make the final decision regarding an appeal.

Reminder: Travel costs associated with this request are NOT approved via this process. Employee must submit a travel request on Medicaid Central. **Navigation Path:** Medicaid Central>Tools>Travel Request