

# Texas Workforce Commission (TWC) Civil Rights Division (CRD) Training Request Form

\*\* Please complete this form and return it to the **TWC-CRD Training and Monitoring Team** at your earliest convenience to expedite scheduling and contracting processes via email [crdtraining@twc.state.tx.us](mailto:crdtraining@twc.state.tx.us) or fax (512) 463-2643.

Client Information				
Agency or Organization Name & Type:				
Agency Code (if applicable):				
Mailing Address:				
City, State & Zip:				
Texas Tax ID Number:				
Contact Name & Title:				
E-mail Address:				
Telephone Number:				
Type of Training Requested				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>Equal Employment Opportunity (EEO)</b></p> <ul style="list-style-type: none"> <li>• Webinar _____</li> <li>• Classroom (24-Person Minimum) _____</li> </ul> <p><b>Fair Housing</b></p> <ul style="list-style-type: none"> <li>• Computer-Based Training _____</li> <li>• Webinar                             <ul style="list-style-type: none"> <li>- Fair Housing Overview _____</li> <li>- Reasonable Accommodation _____</li> </ul> </li> <li>• Classroom (24-Person Minimum) _____</li> </ul> </div> <div style="width: 35%; text-align: center;"> <p><b>Number of Participants</b></p> </div> </div>				
Is training requested a result of a settlement/conciliation agreement?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"><b>Yes</b></td> <td style="width: 20%; text-align: center;"><b>No</b></td> </tr> </table>		<b>Yes</b>	<b>No</b>
	<b>Yes</b>	<b>No</b>		
Case name:				
Case numbers: (TWC, HUD, EEOC)				
Contract Contact Name: (if applicable)				
Title:				
E-mail Address:				
Telephone Number:				
Location of Training (classroom only)				
Building & Room Numbers:				
Street Address:				
City, State & Zip:				
Accounts Payable/Bookkeeper Contact				
Accounts Payable Supervisor's Name: (for contracted training only)				
Title:				
E-mail Address:				
Telephone Number:				
Fax Number:				

**For TWC-CRD Office Use Only**

Date Received:	
Received By:	
Response Date:	
Training Priority:	
Training Due Date:	
Scheduled Training Date(s):	
Trainer and Completion Date:	
Date Filed:	