NEEDS ANALYSIS

EMPLOYEE INFORMATION
Employee Name:
Employee Routing Symbol:
Employee Telephone Number:

CATEGORY OF TRAINING AS ASSESSED USING THE TNA PROCESS
(See Training Category Definitions in the TNA Guide)
Mandatory ____ Position Essential _____ Continuing Development _____

TRAINING COURSE INFORMATION
Name of Training Course:
Training Provider (i.e., USDA, Management Concepts, Inc., etc):
Location of Training (street address, city, state, and zip code):
Training Date(s):
Cost of Training:
Name and telephone number of person to contact at training facility:

DIVISION GOAL OR PROGRAM WHICH THE TRAINING SUPPORTS
State the organizational need (goal or program) for which this training is required.

PERFORMANCE OBJECTIVE OF TRAINING
Performance Objective of Training (state how this training will fill the gap between current and desired performance):

Mark an 'x' in the appropriate space below:
Initial Training _____
Refresher Training _____

IMPACT ON THE ORGANIZATION
Impact of No Training:

BRANCH TRAVEL FUNDS AVAILABLE
Yes ____ No ____

APPROVALS Of TRAINING

Branch Manager _____ Date _____

Division Manager _____ Date _____