Connecticut Office of State Ethics Training Request Form

Return completed form to Henry Herschkorn via e-mail: henry.herschkorn@ct.gov; or fax: 860-263-2402

CONTACT INFORMATION

Name: _____

Agency/ Department: _____

Title: _____

Phone Number: _____

E-Mail: _____

TRAINING REQUEST

(Please choose one)

- ☐ Part I of the Code of Ethics for Public Officials and State Employees
- ☐ Part II of the Code of Ethics for Lobbyists
- ☐ Part I Overview for Current or Potential State Contractors
- ☐ General Overview of State Ethics Rules for Municipalities

(**Note**: The State of Connecticut Codes of Ethics do not apply to town or municipal employees. Presenter(s) will not be able to address specific questions relating to municipal matters, as these matters are outside of the OSE's jurisdiction at this time.)

TRAINING DATE REQUESTED: _____

ALTERNATE DATE: _____

NUMBER OF ATTENDEES: _____

AUDIENCE MAKE-UP (Please choose one)

- ☐ **All Agency Employees**
- ☐ **New State Employees**
- ☐ **Primarily Managerial Staff**
- ☐ **Board/Commission Members**
- ☐ **Other** _____

TRAINING LOCATION **(**complete address including room number, if applicable)

Agency/ Department: _____

Address: _____ City: _____Zip_____

Parking location for OSE presenter:

_____

A/V Equipment available onsite for PowerPoint presentation (Laptop, projector, screen or blank wall): ☐ YES ☐ NO

Specific questions you would like presenters to address or specific areas of the Code on which you would like presenters to focus: