**Caterpillar Workplace Learning Solutions: WLS Global Request Form**

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| Client Contact Information | Internal Information |
| Org Name: *Caterpillar* | Customer Success Manager (CSM) Name: Kaylyn Howley |
| Department/Branch: | Org ID/Division: 1080378 (Global); 1080777 (US) |
| Contact Name: |  |
| Contact Phone: |  |
| Contact Email: |

### Service Details

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| WLS Seminar Request(s) | | | | |  |
| Topic: | Date: Click here to enter a date. | Time/Zone: | Participants #’s/Audience details: | Language: | Modality:  Choose an item. |
| Training Location: | Address:  City:  Code: | | Onsite Contact:  Email:  Phone: | | |
| Details of Request/Special Instructions: | | | | | |
| Details of Request: | | | | | |
| WLS Seminar Request(s) | | | | |  |
| Topic: | Date: Click here to enter a date. | Time/Zone: | # of Participants: | Language: | Modality:  Choose an item. |
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| Details of Request/Special Instructions: | | | | | |
| Details of Request: | | | | | |

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**Workplace Learning Solutions Policies**

We offer a range of training and development programs that provide participants with support for their work, health and life issues. We provide participants with the information and tools they need to be highly productive at work and lead a balanced and healthy life. Below are some important policies to be aware of:

**Submitting your request**

Submit this completed form to the Workplace Learning team (learning@telushealth.com) a minimum of 4- 6 weeks in advance of the requested training date. Training requests that require content customization should be submitted a minimum of 8 weeks in advance of the requested training date.