



# Connecticut Office of State Ethics Training Request Form

## 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
- Primarily Managerial Staff
- Other \_\_\_\_\_
- New State Employees
- Board/Commission Members

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

Agency/ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parking location for OSE presenter:

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**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:** \_\_\_\_\_

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