

**T&OD Inquiry/Request Form**

**Eastern Michigan University  
Human Resources**

*Interventions are planned measures designed and developed to overcome job-related challenges. They can be instructional or non-instructional. Such challenges may affect job performance related to individual, group or organizational objectives. Below is a list of interventions provided by EMU T&OD. If you are facing departmental challenges or need help taking advantage of opportunities to excel, we are here to help. Start by selecting the services you are interested in (check all that apply) then complete the form and forward to [slachanc@emich.edu](mailto:slachanc@emich.edu) or drop it off at our office in 140 McKenny. We will contact you to discuss your needs in further detail.*

<input type="checkbox"/> Performance Improvement <ul style="list-style-type: none"> <li>• Performance Management</li> <li>• Competency Development</li> </ul>	<input type="checkbox"/> Talent Management <ul style="list-style-type: none"> <li>• Career Development</li> <li>• Leadership Development</li> <li>• Coaching</li> <li>• 360° Feedback</li> </ul>	<input type="checkbox"/> Organizational Development <ul style="list-style-type: none"> <li>• Strategic Planning</li> <li>• Process Mapping</li> <li>• Conflict Management</li> <li>• Communications</li> <li>• Change Management</li> </ul>
<input type="checkbox"/> General Training (Design & Delivery) <ul style="list-style-type: none"> <li>• Online Training (OLT)</li> <li>• Instructor-led Training (ILT)</li> <li>• Topic: _____</li> </ul>		<input type="checkbox"/> Other (Please explain)

**Requestor Information**

Name:		Topic/Subject:	
Department:			
Phone #:		Desired Intervention Date:	
Email:			
HR/OD:			

**Audience**

Approx. # of employees to be impacted by this intervention:	
-------------------------------------------------------------	--

Audience Characteristics (check all that apply):

- |                                                                  |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> No prior knowledge of the topic/subject | <input type="checkbox"/> New EMU Employees              |
| <input type="checkbox"/> Some knowledge of the topic/subject     | <input type="checkbox"/> Existing EMU Employees         |
| <input type="checkbox"/> Uncomfortable using technology          | <input type="checkbox"/> Supervisors, Managers or Above |
| <input type="checkbox"/> Generally self-directed                 |                                                         |
| <input type="checkbox"/> Other Characteristics:                  |                                                         |

**About the Intervention**

---

Will this intervention be:

<input type="checkbox"/> Division-specific	<input type="checkbox"/> Department-specific	<input type="checkbox"/> Individual-specific	<input type="checkbox"/> I don't know
<input type="checkbox"/> Other (Please explain: _____)			

**Expectations**

*What are your performance expectations following this intervention? What specific expectations do you have of the T&OD Department?*

**Opportunity or Challenge**

*What do you see as the underlying problem your dept is facing? What are the reasons why you are requesting assistance now?*

**Desired Outcome**

*What do you want your audience to be able to do/know after this intervention? What changes in performance, knowledge or behavior do you wish to see?*

**What have you tried?**

*If this is your first intervention? Tell us what you have tried in the past and why it was successful/unsuccessful.*

**Have you looked in eSuccess LMS for resources?**

*EMU has over 1400 online courses for professional development, have you considered initially utilizing this resource? If yes, provide learning content name.*

**Special Requirements**

*Are there any special requirements or restrictions you would like us to know about.*

**Consequences**

*What are the consequences if this intervention does **NOT** take place?*

**Benefits**

*What benefits do you hope to gain through this intervention?*

**University Goals**

*How would this intervention help you align your goals with the University Goals?*

---

Intervention Requestor, Date

---

To be completed by T&OD only

Received by T&OD:	
T&OD Recipient:	
Date:	
Action Taken:	