



Samuel M. Williams, Secretary  
David N. Harper, Director

Sam Brownback, Governor

## Event Speaker, Training and Special Assistance Request Form

1. Requester Information (to be included on all request forms)

Organization \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Event Speaker Request

Name/Title of Event \_\_\_\_\_

Date and Time of Event \_\_\_\_\_ Desired Length of Presentation \_\_\_\_\_

Location of Event \_\_\_\_\_

Requested Speaker (if interested in a particular PVD staff to present) \_\_\_\_\_

Topic Description \_\_\_\_\_

\_\_\_\_\_

3. Special Assistance or Training Request

Description of Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Needed Assistance (e.g., staffing issues, special use property,  
additional/specialized staff training needed, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Date/Date Range Requested \_\_\_\_\_

Location of Assistance/Training \_\_\_\_\_

Specific PVD Staff Requested \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email completed request form to  
[KDOR\\_pvd@kdor.ks.gov](mailto:KDOR_pvd@kdor.ks.gov)**

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**FOR PVD USE ONLY**

Receipt Date: \_\_\_\_\_ Response Date: \_\_\_\_\_ Accepted: Y or N

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Preliminary Scope of Work: \_\_\_\_\_

Summary of Task Completion: \_\_\_\_\_

Date(s) of Actual Presentation/Assistance: \_\_\_\_\_

Total Time (including prep, travel, etc.): \_\_\_\_\_

Total PVD Expense (mileage, lodging, per diem): \_\_\_\_\_

Amount Billed to Requestor: \_\_\_\_\_