

## Request for Organizational Development (OD) Consultant Services

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Department:

Date:

Contact Person:

Title:

Email Address:

Phone:

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Why do you need an OD consultant? If there is a specific issue or concern, please elaborate:

Have you taken any actions to address the need for OD consultant services and, if so, what?

To the best of your knowledge, are there any underlying performance issues impacting the issue (e.g. non-performance, not meeting expectations, lack of accountability, etc.)?

List the outcomes or changes you want to realize as a result of an OD intervention:

Date you would like to begin the OD intervention:

Click SUBMIT to send your completed form to [HR-Workforce-Development@sonoma-county.org](mailto:HR-Workforce-Development@sonoma-county.org).

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### Workforce Development Use Only

Approved

More Information Needed

Date \_\_\_\_\_