

SJC Training Registration Form

Name:	EMPLOYEE ID #:
Classification Title:	Department Name:
Phone Number:	Fax Number:
E-Mail Address:	

<u>Supervisor Information</u>	
Supervisor:	Supervisor Phone:
Interoffice Mail Address:	E-Mail:
Supervisor Approval:	Date:

<u>Department Training Processor</u>	
Processor's Name:	E-Mail
Phone:	Fax:
Inter-Office Mail Address:	

<u>Workshop Information</u>	
Workshop Title 1:	
Workshop Title 2:	
1st Workshop Date	2nd Workshop Date
Workshop Location & Time:	Workshop Location & Time:

IMPORTANT PLEASE READ: Do not write below this line. Do not attend class if you have not been confirmed. A confirmation notice should be received after registration. It is your responsibility to mark your calendar and attend class. Cancellations must be requested 4 days before the class date or your department may be charged \$45 for the unused seat. The department may send another participant as a replacement without charge. Human Resources unable to validate parking for classes

Registration Status:

Registered

Not Registered

Step 1

Step 2

Step 3

To enroll in a training: mail, fax, or email to your:

Department Training Processor

To find who your Departmental Training Processor is:

Contact your Administration department or check the website www.sigov.org/hr

Other Training needs Contact:

Nicole Devencenzi/ 468-3372
ndevecenzi@sigov.org