

SJC Training Registration Form

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

Supervisor Information

| | |
|----------------------------------|--------------------------|
| Supervisor: | Supervisor Phone: |
| | |
| Interoffice Mail Address: | E-Mail: |
| | |
| Supervisor Approval: | Date: |
| | |

Department Training Processor

| | |
|-----------------------------------|---------------|
| Processor's Name: | E-Mail |
| | |
| Phone: | Fax: |
| | |
| Inter-Office Mail Address: | |
| | |

Workshop Information

| | |
|--------------------------------------|--------------------------------------|
| 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.sjgov.org/hr

Other Training needs Contact:

Employee Development
(209) 953-7563
sjcengage@sjgov.org