

APPLICATION

TAKING CHARGE OF THE FRONT DESK

Name of Applicant: _____

Department: _____

Work Place Phone: _____ E-mail Address: _____

Work Place Address: _____

Classification: _____

Years in the Position: _____

Applicant's Signature: _____ Date: _____

This series qualifies for Educational Assistance for eligible employees.

Please choose the payment method and check the appropriate box:

Educational Assistance

Department Pay

Department Account No. _____ (Please provide regardless of the method of payment)

Applicant's manager/supervisor has been advised of the time commitment involved with this program and is supportive of this applicant's attendance.

YES

NO

HAS NOT BEEN ADVISED

Name of Applicant's Manager/Supervisor: _____

E-mail: _____

Signature of Applicant's Manager/Supervisor: _____

Date Application Received by HRD: _____

HUMAN RESOURCE DEVELOPMENT

10 NISBET

355-0183

Fax: 432-2979

REGISTRATION

You will be notified of your acceptance in the series. Once accepted and confirmed, you will be registered in each session. No additional forms will be necessary.