



WORKFORCE DEVELOPMENT
CCM EMPLOYEE
PROFESSIONAL DEVELOPMENT & TRAINING REGISTRATION

Date: Department ID: 01- -9329
(Dept. # to be charged)

Employee Name: Employee Phone #:

Course Name: Course Section #:

Course Date & Time:

One-Day Training Programs: Open Enrollment Course:

Cost (circle one): 8-hrs/\$200 6-hrs/\$150 4-hrs/\$100 Per Schedule: \$

Department Director Approval: Date:

Director Extension:

Registration Completed by Records & Registration: Date/By

- 1) Select a course and complete the top half of this form. (One course per form.)
2) Present to your Supervisor/Director for approval. Note all classes are charged to a department's professional development budget.
3) Send a copy of the signed registration to Workforce Development, HH210, Attn: C. Lutton.
4) Take this signed Registration/Approval form directly to Records & Registration for enrollment.
5) Once enrolled, present the completed registration to the Bursar's Office to finish registration.

Questions regarding courses, section, schedule or content may be directed to Workforce Development, extension 5187. August 2018