



Human Resource Management Training Registration Form

Please provide all requested information.

Missing information may delay the processing of your registration.

Name		Employee Id#	Pay Grade
Job Title		Work Phone #	
Work E-mail		Department/Division	
Work Mailing Address			State Location code
<p>Are you currently enrolled in a Certificate Program?</p> <input type="checkbox"/> HRC <input type="checkbox"/> SDC <input type="checkbox"/> MDC			
Course Information			
Name of Course		Course #	
Date(s) of Course and Time		Location	
Fee (if any) \$	Billing Department ID # (a six digit department organization number) <i>(For example: 100221)</i>		
<p>For courses requiring a fee (excluding Defensive Driving), Human Resource Management will bill your agency. Please be sure to include your Billing Department ID (a six digit department organization number) on your registration form. If you do not know the Billing Department ID #, please contact your human resource office and request the information.</p> <p><i>~Please note that your registration form will not be processed without this information.~</i></p>			
Supervisor's Name		Job Title	
Work Phone		Work E-mail	
Work Mailing Address (if different than participant's)			State Location Code
Supervisor's Signature **			Date
<p>** I support this employee attending the training identified above and commit to paying any registration fees, unless these fees are covered by Statewide Training funds such as Blue Collar.</p>			
<p>If you need special accommodations, please contact our office at 302.577.8977 or 302.739.1990.</p> <p>Or send an email to: Statewide_Training@state.de.us</p> <p>Please call 302.577.8977 if you do not receive a confirmation email within three business days.</p>			

Please fax your signed, completed registration form to: 302.577.7757