



CSC use only

REQUEST#:

Expiration date:
6/30/2016

REQUEST FOR SKILLSOFT SUBSCRIPTION
STATE OF NEW JERSEY
NJ CIVIL SERVICE COMMISSION

PO Box 318, Trenton, NJ 08625-0318
Phone: (609) 777-2225, Fax: (609) 777-2336

INSTRUCTIONS: This form may be used to request Skillsoft subscriptions.
Fax completed training requests to CSC at (609) 777-2336 or e-mail to CLIPtraining@csc.state.nj.us

NUMBER OF SUBSCRIPTIONS REQUESTED		DEPARTMENT/ORGANIZATION					
<input type="text"/> Skillsoft eLearning Course Catalog (\$108.00 each) <ul style="list-style-type: none">• Business Courseware• IT Courseware• Desktop Courseware <input type="text"/> Legal Compliance (\$108.00 each) <input type="text"/> Leadership Advantage (\$108.00 each) *For non-licensed LMS users, there is a \$20.00 license fee in addition to the cost of the Skillsoft subscription.		Department/Organization: Billing Address: (Street, City, Zip code)					
<input type="checkbox"/> Check here if new user* <input type="text"/> Number of new users		Billing Contact Name:					
Total Subscription Cost: \$ <input type="text"/>		Billing Contact E-mail:					
Billing Phone#:							
LEARNER INFORMATION							
Name: (Last, First and Middle Initial)		Employee ID:					
Title:		Phone#:					
Work Address: (Street, City, Zip Code)							
E-mail:		<input type="checkbox"/> Check here if additional learners and complete attached spreadsheet					
PAYMENT (Non-State Agencies)							
Please make checks payable to New Jersey Civil Service Commission. Send checks and completed form to the address above. Attention: Fiscal							
Billing Information (State Agencies Only)							
Intra-Governmental Fiscal Year:	Intra-Governmental Fund (3):	Intra-Governmental Agency (3):	Intra-Governmental Organization (4):	Intra-Governmental Appropriation Unit (3):	Intra-Governmental Object (4):		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Intra-Governmental Activity (4):	Intra-Governmental Job/Project Number:	Intra-Governmental Reporting Category:	Intra-Governmental Order Number Trans Code:	Intra-Governmental Order Number Referenced Trans Agency (3):	Intra-Governmental Order Number Referenced Document (10):	Intra-Governmental Order Number Referenced Line#	Sub-org.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISORY APPROVAL				DEPARTMENTAL APPROVAL			
Title: <input type="text"/>				Title: <input type="text"/>			
Printed Supervisor Name <input type="text"/> Date <input type="text"/>				Printed Supervisor Name <input type="text"/> Date <input type="text"/>			
(Signature) <input type="text"/>				(Signature) <input type="text"/>			