

Course Name: *required

CSC use only
REQUEST#:

REQUEST FOR TRAINING NJ CIVIL SERVICE COMMISSION CENTER FOR LEARNING AND IMPROVING PERFORMANCE (CLIP)

PO Box 318, Trenton, NJ 08625-0318 Phone: (609) 777-2225, Fax: (609) 777-2336 Email: CLIPTraining.Support@csc.nj.gov www.nj.gov/csc/employees/training

INSTRUCTIONS: Please complete this form to request classroom training. Your direct supervisor, departmental training coordinator and fiscal officer must approve this form. HR1s received without proper approval will be returned to the Department's Training Coordinator.

NOTE: You are not scheduled for the requested classroom training until you receive an official email confirmation from the Civil Service Commission Center For Learning And Improving Performance (CLIP) Training Registration.

Course Date:

Course Location:				Other Location Preference:					
Department/Organization: *requi	red								
Participant Last Name: *required		Participant Firs	st Na	me: *required	Participant Middle Initial:				
Title:		Employee ID:			Email: *required				
Dhana Niverkan									
Phone Number:*required	□ Chec	k the he	v if you would	liko i	o be contacted regarding :	an ADA accommodation			
	☐ Check the box if you would like to be contacted regarding an ADA accommodation								
Registration and your Departs tart date. If your cancellation or orgram. The agency has the information for the replacemental the class date. Attendance Policy: Please is required. Late arrival or eather certificate of completion with the certificate of completion of the certificate of completion with the certificate of completion of the certificate of certif	n notice i e option t ent must schedule rly depar with conti	s not re to send be rece e your p ture ma inuing e	ceived within another eligible ived by the Claracticipation can be result in an inducation creducation creducation.	this the particular pa	time period, the agency wanticipant to attend the classification 5 days. If you as attendance for all hadance code of incomple or the course.	vill incur the cost of the ass; however, contact ays prior to hours of each course te or not receiving ase notify your			
start date, in accordance with	the abo	ve liste	d cancellation	polio olicie	cy. es listed above. Rememb	per, you are not			
form and sends an official en oringing it to class with you is			-	sche	duled to attend. Printing y	your confirmation and			

Course Name:				Course Date:										
Course Marrie.		Course Date:												
Participant Last	Partici	Doublein out First Name:							Participant Middle Initial:					
Farticipant Lasi	Faitici	Participant First Name:							Participant Middle Initial:					
				Appr	oval	Section	on .							
Supervisor Prin	ted Name:			, (pp.	o ra.	00011	<u> </u>							
Signature:									:					
Department's T	raining Coordina	tor Print	ed Name) :										
Signature:											Date:			
									<u> </u>					
		Rill	ina Inf	ormatic	n (S	tate Δ	gencie	s Only)						
Intra-Governmental	Intra-Governm			ormation (State Agencies On					Intra-Governmental		Intra-Governmental			
Fiscal Year:				(3):	(Organizatio	n (4):	Appropriation Unit (3)		3):				
Intra-Governmental	Sovernmental Intra-Governmental Intra-Governmental		ernmental	Intra-Governmental		Intra-Governmental		Intra-Governmental		Intra	a-Governmental	Sub-org:		
Activity (4):	Job/Project Number:				Order Number Trans Code:		umber	Order Number Referenced Document (10):		Order Number Referenced Line#		Sub-org.		
				Trans Code.		Referenced Trans Agency (3):				Noisienisea Line#				
Fiscal Contact Name: Fiscal Contact									Phone Number:					
Billing Address:							Fiscal Signature:							
		Invoic	e Infor	mation	(No	า-Stat	e Agen	cies Only	·)					
Invoice Order Number:						Invoice Account Number:								
Non-State Age	Email:					Phone Number:								
Billing Address:							Signat	nre.						

Training Coordinators: Please submit this form to the CLIP Training Registration, PO Box 318, Trenton, NJ 08625; Fax 609-777-2336; or email to CLIPTraining. Support@csc.nj.gov. If you have any questions or need additional assistance, please contact us at 609-777-2225.

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