TRAINING REGISTRATION FORM

INSTRUCTIONS FOR EMPLOYEES:
Please use this form to list the courses for the upcoming year for which you would like to register. Submit the form to the person who coordinates your department's training.

INSTRUCTIONS FOR DEPARTMENTS:
When consolidating individual employee forms, please submit a separate form for **each** month, listing employees who have selected a course date in that month as their first choice.
(ex. List all September course choices, first, then begin a new page to list October course choices, etc.)

PINELLAS COUNTY UNIFIED PERSONNEL
Employee & Organizational Support Division
400 South Ft. Harrison Avenue
Clearwater, FL 33756
Phone: 464-3796
Fax: 464-5548
Email: Training, Personnel or training@pinellascounty.org

DEPARTMENT: _____ DIVISION: _____ MONTH: _____

EMPLOYEE NAME (PROPER)	EMPL. NO.	COURSE TITLE	COURSE DATE 1ST CHOICE	COURSE DATE 2ND CHOICE

APPROVAL SIGNATURE: _____
(Not required if sent via email by approving authority.)

Supervisor's Name _____ Telephone _____ Date _____