

SARASOTA COUNTY GOVERNMENT
Organizational & Employee Development



Training Registration Form

(Please Print)

NAME: (**Please print**) _____

WORK PHONE #: _____

WORKSITE ADDRESS: _____

SUPERVISORS NAME _____

UNIT/DIVISION: _____ E-MAIL ADDRESS: _____

DESIRED COURSE(S):

COURSE NAME

COURSE DATE(S)

LOCATION

(1) _____

(2) _____

(3) _____

APPROVALS:

EMPLOYEE'S SIGNATURE

DATE

IMMEDIATE SUPERVISOR/APPROVAL AUTHORITY SIGNATURE

DATE

Please provide all information requested. In order to be registered for training, the training registration form must be signed by you and your immediate supervisor or designated department approved authority. When completed, forward the form to **Organizational and Employee Development, Administration Center, 4th floor** or fax it to **861-5762**. A confirmation of registration will be sent to you and your supervisor prior to the class start date. If you do not receive a confirmation notice, or if you have any questions about the training registration process, please contact our office at **861-5113, 861-5112 or 861-5341**. If you require any special accommodations, please notify our office at least one week prior to the training class. **If for any reason you will be unable to attend the training as scheduled, please notify our office as soon as possible.** Thank you. (*Copy this form as often as needed)

SIGN YOURSELF UP FOR CLASSES USING TRAC (located in the links area) ON THE INTRANET**
Computer Based Training courses are not listed on TRAC. A registration form is still needed.