## **Department of Human Resources**



## **Workforce Development Division**

## **Workshop Enrollment Request Form**FY15-16

VORKSHOP (One form for each workshop) Workshop Title		Workshop Date	
24-PLUS <i>Enhanced</i> enrollees: Pleas	e be sure to choose the approp	riate course for you.	
<ul> <li>24 PLUS Enhanced for Sup</li> </ul>	ervisors is for those who direct	ly supervise front-lin	e staff.
-	r mid-level managers and exec		
management staff reportir			1 3
ARTICIPANT INFORMATION			
Name	Email	Email	
Job Class & Title		DSW # (required)	
Department		E-Mail confirmation copy to Training Coordinator	
	Email:	Email:	
Work Phone		Training Discount Code	
UPERVISOR'S APPROVAL			
Supervisor's Name (Print)		Supervisor's Signature	
		8	
Phone		E-Mail	
AYMENT INFORMATION	<u> </u>		
Existing DHR Work Order:		Agency check: made out to CCSF-DHR	
Other - Index Code:		Personal check: made out to CCSF-DHR	
Person Authorizing Payment (Print)		Job Title	
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Phone	Date	Date	
UBMIT COMPLETED FORMS	·		
E-Mail (preferred)	Interoffice		FAX
WD.DHR@sfgov.org	DHR, 1 South Van Ness Ave., 4 <sup>th</sup> Floor,		415-551-8935
	San Francisco, CA 94103		
	Workforce Developme	nt Division	
NFORMATION			
Enrollments are on a first-come/fir	st-served basis. You will receiv	e an e-mail confirmat	ion if you are enrolled in t
workshop. Do not attend the works			
participant and the supervisor.			
Please email Workforce Developmo	ent if you have any questions re	garding DHR's Workt	force Development
workshops. DHR Workforce Development			
www.sfgov.org/dhr.	•		