## **Department of Human Resources**



## **Workforce Development Division**

## Workshop Enrollment Request Form FY16-17

WORKSHOP (One form for each workshop) Workshop Title		Workshop Date	
24-PLUS <i>Enhanced</i> enrollees: Please	e be sure to choose th	e appropriate course for you.	
		ho directly supervise front-lin	e staff.
		and executive level staff who l	
management staff reporting			
ARTICIPANT INFORMATION			
Name		Email	
Job Class & Title		DSW # (required)	
Department		E-Mail confirmation copy to Training Coordinator	
		Email:	
Work Phone		Training Discount Code	
UPERVISOR'S APPROVAL		1	
Supervisor's Name (Print)		Supervisor's Signature	
Phone		E-Mail	
AYMENT INFORMATION			
Existing DHR Work Order: Other - Index Code:		Agency check: made out to CCSF-DHR	
		Personal check: made out to CCSF-DHR	
Person Authorizing Payment (Print)		Job Title	
Phone		Date	
UBMIT COMPLETED FORMS			
a ,		teroffice	FAX
WD.DHR@sfgov.org	DHR, 1 South Van Ness Ave., 4th Floor, San Francisco, CA 94103		415-551-8935
	Workforce Development Division		
NFORMATION			
Enrollments are on a first-come/firsworkshop. Do not attend the worksl participant and the supervisor.			
Please email Workforce Developme workshops. DHR Workforce Develo www.sfgov.org/dhr.			