



CITYWIDE TRAINING CENTER

APPLICATION

<u>CTC USE ONLY</u>
Input Date: _____
Initials _____

Please review the instructions on reverse side before completing this application

TRAINING APPLICANT INFORMATION									
Today's Date: _____									
Employee Reference Number Required Entry (See Pay stub)						Employee Affiliation: (Check One) <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Non-Government			
Last Name			First Name				Middle Initial		
Civil Service Title					Office Title				
Agency Name							Agency Code		I have changed agencies within the last 2 years <input type="checkbox"/> YES <input type="checkbox"/> NO
Division/Work Unit				Work Address (Street, Room, Floor, Borough, State)				Zip Code	
Work Phone		Work Fax		Work E-Mail Address			Home E-Mail Address (Required for CEU transcript request)		

OPTIONAL APPLICANT INFORMATION				
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Check One) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Other, please specify _____		

SELECTED COURSE INFORMATION						
Course Code	Course Title	Level Course	Date(s)	# Days	Cost	
1.						
2.						
3.						
4.						
5.						
6.						

CITYWIDE TRAINING CENTER CONFIRMATION/CANCELLATION POLICY	
1.	Your agency training liaison will notify you of your confirmation to attend the class(es) for which you have registered. You should not attend a class for which you have not received a confirmation. If you have not received a confirmation, please check with your liaison.
2.	Requests for cancellations or schedule changes must be received in writing at least 7 business days prior to the start of a confirmed class. Requests received without the required notice will result in a charge of the full course fee. Agencies may designate a qualified participant for substitution up to the commencement of the class without penalty.

APPLICANT SIGNATURE	
_____	_____
Applicant Signature	Date

(OVER)

REVIEW THESE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Applicant completes all fields in the TRAINING APPLICANT INFORMATION section and includes required Employee Reference Number (NOT Social Security Number) found on pay stub. First-time, non-City applicants will be assigned a CTC ID number.
2. Applicant completes all fields in the SELECTED COURSE INFORMATION after selecting courses from the current Citywide Training Center Class Schedule or contacts the Agency Training Liaison for additional course information.
3. Applicant forwards completed application to immediate Supervisor for signature and authorization.
4. Supervisor forwards completed application to the appropriate Agency Training Liaison for processing.
5. Agency Training Liaison forwards application to Agency Fiscal Officer or Designee for fiscal authorization.
6. Agency Training Liaison signs and forwards completed, authorized applications to the Citywide Training Center, Applications Processing Unit.

SUPERVISOR AUTHORIZATION

Supervisor's Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
<p>By my signature, I certify that this employee is authorized for training in the course(s) requested and confirm that this employee has taken, where applicable, the prerequisite basic courses and/or has demonstrated the skill necessary to participate successfully in advanced-level coursework. Additionally, I understand that this employee is excused from normal work assignments during the hours of training and is required to attend the training course(s), as scheduled, once CTC registration confirmation is received by the Agency Training Liaison.</p>		
_____		_____
Supervisor Signature		Date

FISCAL OFFICER/DESIGNEE AUTHORIZATION

Fiscal Officer or Designee's Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
<p>By my signature, I certify that funding in the appropriate budget/object codes is available for the training requested and that all training costs will be paid in accordance with DCAS/Citywide Training Center payment procedures.</p>		
_____		_____
Fiscal Officer/Designee Signature		Date

AGENCY TRAINING LIAISON AUTHORIZATION

Agency Training Liaison Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
<p>By my signature, I certify that I have reviewed this application for content and completeness.</p>		
_____		_____
Agency Training Liaison Signature		Date

The NYC Department of Citywide Administrative Services (DCAS) is committed to Equal Employment Opportunity (EEO) and a policy of non-discrimination in the employment, development, advancement and treatment of City employees. DCAS will provide reasonable accommodations to employees with disabilities who need and request such accommodations.

CITYWIDE TRAINING CENTER
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