



DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

CITYWIDE TRAINING CENTER

APPLICATION

<p><u>CTC USE ONLY</u></p> <p>Input Date: _____</p> <p>Initials _____</p>
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Please review the instructions on the back of 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)		Ethnicity (Check One)		
<input type="checkbox"/> Male <input type="checkbox"/> Female		<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"/> Unknown <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.						
7.						
8.						
9.						
10.						

### 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
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.		
_____ Supervisor Signature		_____ Date

### ~~FISCAL OFFICER/DESIGNEE AUTHORIZATION~~

Fiscal Officer or Designee's Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
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.		
_____ Fiscal Officer/Designee Signature		_____ Date

### AGENCY TRAINING LIAISON AUTHORIZATION

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

### CITYWIDE TRAINING CENTER CANCELLATION POLICY

There is no charge to an agency/organization for a **cancellation received in writing 5 business days prior to a scheduled class**. If a confirmed participant is unable to attend, the agency may send a qualified substitute or receive credit toward another class. If cancellations are not received in writing within 5 business days or if a confirmed participant does not attend the course, the agency will be charged the full amount for the class.

### EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

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

APPLICATIONS PROCESSING UNIT • 2 WASHINGTON STREET, 21ST FLOOR • NEW YORK, NY 10004

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