

Application

DCAS CTC Office Use Only	
Input Date	Initials

Training Applicant Information

Please complete all fields. The employee reference number can be found on your paystub. It is not your social security number. First-time non-City applicants can leave this blank and will be assigned a DCAS CTC ID number after registration. If you need help obtaining any information in this section, please contact your training liaison for assistance.

Employee Reference Number (See Paystub) <input type="text"/>	Employee Affiliation: (Check One) <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Non-Gov.	Today's Date
Last Name	First Name	Middle Initial
Civil Service Title	Office Title	
Agency Name	Agency Code <input type="text"/>	I have changed agencies within the last two years <input type="checkbox"/> Yes <input type="checkbox"/> No
Division/Work Unit	Work Address (full)	
Work Phone	Work Fax	
Work Email	Personal Email	

Optional Applicant Information

Gender	<input type="checkbox"/> Female or Woman <input type="checkbox"/> Non-binary (not female/woman or male/man) <input type="checkbox"/> Unknown/I choose not to disclose	
	<input type="checkbox"/> Male or Man <input type="checkbox"/> Other (a gender not listed)	
Are you Hispanic?	What is your race?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> No	<input type="checkbox"/> Black or African American	<input type="checkbox"/> I do not want to disclose
<input type="checkbox"/> I do not want to disclose	<input type="checkbox"/> White	<input type="checkbox"/> Two or more races
	<input type="checkbox"/> American Indian or Alaskan Native	

Selected Course Information

Please complete all fields. Courses selected should be from the current DCAS Citywide Training Center Class Schedule. Contact your agency training liaison for additional course information.

Course Code	Course Title	Course Dates	Days	Cost
1				
2				
3				
4				

DCAS 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, check with your liaison. No food or beverages are permitted in classrooms.
2. Cancellation or schedule change requests must be submitted in writing at least 10 business days before the start of a confirmed class. Requests made with less than the required notice will result in a charge of the full course fee. If permitted by the training vendor, agencies may designate a qualified substitute participant up to 3 business days before the start of the class without penalty. Workforce Operation CTC must be notified in advance of any substitutions in writing.

Applicant Signature

Applicant Signature

Date

After Completing Application

- 1) Forward this completed application to your immediate supervisor for signature and authorization.
- 2) Your supervisor must then forward this completed application to the appropriate agency training liaison for processing.
- 3) If the training is at a cost, the agency training liaison must then forward the application to the agency fiscal officer or designee for fiscal authorization.
- 4) The agency training liaison must then sign and forward the completed and authorized application to the DCAS CTC.

**Note: The DCAS CTC will process applications under the assumption that Training Liaisons have obtained all necessary permissions.*

Supervisor's Authorization

Supervisor's
Name (Print)

Title

Work Phone

Work Email

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 DCAS CTC registration confirmation is received by the Agency Training Liaison.

Supervisor Signature

Date

Fiscal Officer or Title Designee's Authorization

Fiscal Officer or Title Designee's Name (Print) _____ Title _____

Work Phone _____ Work Email _____

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 Signature

Date

Agency Training Liaison Authorization

Agency Training Liaison Name (Print) _____

Work Phone _____ Work Email _____ Title _____

By my signature, I certify that I have reviewed this for content and completeness.

Agency Training Liaison Signature

Date

Additional Information

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.

If you require accommodation or support service, please call us at (212) 386-0005 or email us at citywidetrainingcent@dcas.nyc.gov.

DCAS Citywide Training Center

1 Centre Street, 24th Floor South | New York, NY 10007

Phone: 212-386-0005 | Email: citywidetrainingcent@dcas.nyc.gov