

COBB COUNTY GOVERNMENT

Training Enrollment Form

Send completed enrollment forms to:
Your Department Representative

- * Complete this form only for training courses offered by the Training Division in the Human Resources Department.
- * This form **does not** replace the Travel Advance Request/Authorization Form or Direct Payment Voucher.

Is this course request a part of your Employee Development Plan? Yes No

Print Full Legal Name (Last, First, Middle)

Department Name

Dept. #

Org #

Work Phone #

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Course Name

Fee/Cost

	(See fee authorization below)
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Course Date(s)

Course Time(s)

Location

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Special Instructions

Course Enrollment: Course enrollment is on a first-come, first-serve basis. Once a class has reached its maximum capacity, additional enrollments will be put on a waiting list. Confirmation and status of course enrollment will be sent to employees one week before each class.

Cancellations: To cancel a course enrollment, contact your department representative at least 72 hours prior to the course. *Failure to cancel a course enrollment will prevent the employee from enrolling into any training courses the following quarter.*

Special Needs: Any requests for reasonable accommodation due to a disability should be directed to the Training Division at 528-1195, 528-2635, or 528-2633 at least one week prior to the course date.

Authorized Signatures

Immediate Supervisor Signature: _____

Department Manager/Elected Official: _____

If a fee is to be charged to your department for the employee attending this class, please complete the information below. This information will allow the Training Department to process an automatic charge to your department:

Org #: _____ Agency # (AGC): _____ Activity # (ACTV): _____

Office Use Only

Received Date: _____ Status: _____

Signature: _____ Date: _____