CSC use only
REQUEST#:



## REQUEST FOR TRAINING NJ CIVIL SERVICE COMMISSION CENTER FOR LEARNING AND IMPROVING PERFORMANCE (CLIP)

PO Box 318, Trenton, NJ 08625-0318 Phone: (609) 777-2225, Fax: (609) 777-2336 Email: CLIPTraining.Support@csc.nj.gov www.nj.gov/csc/employees/training

**INSTRUCTIONS:** Non-State agencies please complete this form to request training. An account will be created in the eLearning LMS platform to complete the registration process online. If you are a State employee, please request this training via the eLearning LMS platform.

**NOTE:** You are not scheduled for the requested training until you receive an official email confirmation from the Civil Service Commission Center For Learning And Improving Performance (CLIP)Training Registration.

Course Name: *required					Course Date:				
Course Location:				Other Location Preference:					
Department/Organization: *required									
Dopartment organization: Togan	Cu								
Participant Last Name: *required			Participant First Name: *required		me: *required	Participant Middle Initial:			
Title:		Employ	ee ID:		Email: *required				
Phone Number:*required									
	☐ Che	ck the b	ox if you would	uld like to be contacted regarding an ADA accommodation.					
Registration and your Department's Training Coordinator must be notified at least 10 days prior to the class start date. If your cancellation notice is not received within this time period, the agency will incur the cost of the program. The agency has the option to send another eligible participant to attend the class; however, contact information for the replacement must be received by the CLIP Training Registration 5 days prior to the class date.  Attendance Policy: Please schedule your participation carefully as attendance for all hours of each course is required. Late arrival or early departure may result in an attendance code of incomplete or not receiving the certificate of completion with continuing education credits for the course.									
Multi-Day Courses: Attendance on day one is required. If you are unable to do so, please notify your Department's Training Coordinator and the CLIP Training Registration 10-days prior to the class start date, in accordance with the above listed cancellation policy.  Please initial that you have read and agree to the policies listed above. Remember, you are not scheduled for the requested classroom training until the CLIP Training Registration receives an approved HR1 form and sends an official email confirmation that you are scheduled to attend. Printing your confirmation and									
bringing it to class with you is			•	3011C	udied to attend. Fillithly y	rour commination and			

Course Name:	Course Date:									
Participant Last Name: Participant Fin			e:		Participant Middle Initial:					
Approval Section										
Supervisor Printed Name:										
Signature:				Date:						
Department's Training Coordinator Printed Name:										
Signature:				Date:						
Invoice Information (Non-State Agencies Only)										
Invoice Order Number:			Invoice Account Number:							
Non-State Agency Contact Name:	Email:				Phone Number:					
Billing Address:	Signature:									

**Training Coordinators:** Please submit this form to the CLIP Training Registration, PO Box 318, Trenton, NJ 08625; Fax 609-777-2336; or email to CLIPTraining. Support@csc.nj.gov. If you have any questions or need additional assistance, please contact us at 609-777-2225.

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