

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.state.nj.us/csc/employees/training

INSTRUCTIONS: Please complete this form to request classroom training. Your direct supervisor, departmental training coordinator and fiscal officer must approve this form. HR1s received without proper approval will be returned to the Department's Training Coordinator.

NOTE: You are not scheduled for the requested classroom 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:				Othe			
Department/Organization: *required							
Participant Last Name: *required Pa			Participant First	t Nan	ne: *required	Participant Middle Initial:	
Title: Employee ID:		ee ID:		Email: *required			
Phone Number:*required							
	Che	ck the bo	x if you would I	like to	o be contacted regarding a	n ADA accommodation.	

Cancellation Policy: As a registered participant if you are unable to attend class, the CLIP Training 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.

<u>Attendance Policy</u>: 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.

<u>Multi-Day Courses</u>: 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 recommended.

Course Name:		Course Date:	
Participant Last Name:	Participant Firs	t Name:	Participant Middle Initial:

Approval Section						
Supervisor Printed Name:						
Signature:	Date:					
Department's Training Coordinator Printed Name:						
Signature:	Date:					

Billing Information (State Agencies Only)											
Intra-Governmental Fiscal Year:			Intra-Go Agency	Governmental cy (3):		Intra-Governmental Organization (4):		Intra-Governmental Appropriation Unit (3):		Intra-Governmental Object (4):	
Intra-Governmental Activity (4):	Intra-Governmental Job/Project Number:	Intra-Gove Reporting (Intra-Governmental Order Number Trans Code:		nber ed Trans	Intra-Governmental Order Number Referenced Document (10):	Intra-Governmental Order Number Referenced Line#		Sub-org:	
Fiscal Contact Name:			Fiscal Contact Email:					Phone Number:			
Billing Address:				Fiscal Signature:			Signature:				

Invoice Information (Non-State Agencies Only)						
Invoice Order Number:			Invoice Account Number:			
Non-State Agency Contact Name: Ema				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.