



STATE OF NEW JERSEY
CIVIL SERVICE COMMISSION

CSC use only
REQUEST#:

REQUEST FOR TRAINING
NJ CIVIL SERVICE COMMISSION
PO Box 318, Trenton, NJ 08625-0318
Phone: (609) 777-2225, Fax: (609) 777-2336
E-mail: 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 Training Coordinator.

NOTE: You are not scheduled for the requested classroom training until you receive an official e-mail confirmation from the CSC Training Registration Team.

Course Name: *required		Course Date:	
Course Location:		Other Location Preference:	
Department/Organization: *required			
Participant Last Name: *required		Participant First Name: *required	Participant Middle Initial:
Title:	Employee ID:	E-mail: *required	
Phone Number: *required			
	<input type="checkbox"/> Check the box if you would like to be contacted regarding an ADA accommodation.		

Cancellation Policy: As a registered participant if you are unable to attend class, the Civil Service Commission (CSC) 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 Civil Service Commission 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 Training Coordinator and the CSC Training Registration Team 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 CSC receives an approved HR1 form and sends an official e-mail 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 First Name:	Participant Middle Initial:	

Approval Section	
Supervisor Printed Name:	
Signature:	Date:
Departmental Training Coordinator Printed Name:	
Signature:	Date:

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

Invoice Information (Non-State Agencies Only)		
Invoice Order Number:		Invoice Account Number:
Non-State Agency Contact Name:	E-mail:	Phone Number:
Billing Address:		Signature:

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