

NJ STEP-Developing the Leader in You Training Authorization Form

INSTRUCTIONS: Pre-registered participants receiving this NJSTEP Training Authorization form have been accepted conditionally into the NJSTEP program. Enrollment is secured once this form is completed and returned to the Civil Service Commission with the required information below.
Please return the completed form by: 1) faxing it to (609) 777-2336; 2) scanning and emailing the completed form to: CLIPTraining@csc.state.nj.us; or 3) by mailing it to the address below.

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

Fiscal Contact Name:	Fiscal Contact Email:
Billing Address:	Phone Number:

Billing Information (State Agencies Only)						
Please check if using <input type="checkbox"/> State Funding or <input type="checkbox"/> Other Funding (Federal, Special, etc.)						
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:	Intra-Governmental Referenced Line#	Sub-org:
Invoice Account Number:			Invoice Order Number:			

Cancellation Policy: If the registered participant is unable to attend the NJSTEP program, the Civil Service Commission must be notified at least 10 days prior to the class start date. If the 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, but the contact information for the replacement must be received by the Civil Service Commission 5 days prior to the class date.

Please check the box that you have read and agree to the cancellation policy.

Supervisory Approval		Departmental Approval	
Title:		Title:	
Printed Name:	Date:	Printed Name:	Date:
Signature:		Signature:	

State of New Jersey, Civil Service Commission
PO Box 318, Trenton, NJ 08625-0318
Phone: (609) 777-2225, Fax: (609) 777-2336

