



REQUEST FOR TRAINING

NJ CIVIL SERVICE COMMISSION

PO Box 318, Trenton, NJ 08625-0318

Phone: (609) 777-2225, Fax: (609) 777-2336

www.state.nj.us/csc

CSC use only

REQUEST#:

INSTRUCTIONS: This form may be used to request in-class training. Please return the completed form to the Civil Service Commission 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 above.

Course Name:	Course Date:
Course Location:	Other Location Preference:

Department/Organization:		
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.	

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:	Intra-Governmental Referenced Line#	Sub-org:

Invoice Information (Non-State Agencies Only)

Invoice Order Number:	Invoice Account Number:
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Fiscal Contact Name:	Fiscal Contact Email:	Phone Number:
Billing Address:	Fiscal Signature:	

Cancellation Policy: If the registered participant is unable to attend class, 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.

Approval Section

Supervisor Printed Name:		Departmental Printed Name:	
Signature:	Date:	Signature:	Date: