

**ALAMEDA COUNTY TRAINING AND DEVELOPMENT
TRAINING REQUEST FORM**

To: Department Training Representative: Don Yee 21506QIC

The following information is needed for registration purposes and to assist in tailoring the program to meet your needs. INCOMPLETE APPLICATIONS WILL BE RETURNED.

NAME OF PROGRAM: **Workers' Compensation Law Update: The Supervisor's and Department's Roles**

1ST CHOICE: Session _____ Day _____ Date(s) _____

2ND CHOICE: Session _____ Day _____ Date(s) _____

NOMINEE'S NAME: _____
Last First MI

SOCIAL SECURITY #: _____ # EMPLOYEES YOU SUPERVISE: _____

DEPARTMENT #: _____ DEPARTMENT NAME: _____

QIC CODE: _____ WORK TELEPHONE: _____

JOB CLASSIFICATION: _____

DATE OF HIRE AS ALAMEDA COUNTY EMPLOYEE: _____

DATE OF HIRE AS MANAGER: _____

IMMEDIATE SUPERVISOR OF ABOVE NOMINEE: _____

SUPERVISOR'S SIGNATURE REQUIRED: _____

SUPERVISOR'S QIC CODE: _____

WHAT ARE YOUR EXPECTATIONS OF THE UPCOMING PROGRAM? WHAT DO YOU WANT TO LEARN?

You will be sent a letter confirming your acceptance into the program.

RETURN THIS FORM TO YOUR DEPARTMENT TRAINING REPRESENTATIVE BY THE REGISTRATION DEADLINE: **October 1, 1993.** Any forms which are incomplete will be returned to sender for their further handling.