

The Passport



Course Registration Form

ENROLLMENT MUST BE CONFIRMED IN WRITING PRIOR TO CLASS ATTENDANCE

Please complete this form in its entirety for any course(s) you wish to register and send it through interoffice mail or fax to:

Human Resources
Organizational Development & Training
Internal Operations Centre 1 (IOC 1)
Phone: (407) 836-2924 / Fax: (407) 836-5845

Reminder: Make a copy of this form and retain for your records

Employee ID# (Required):

PLEASE PRINT

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NAME: _____

JOB TITLE: _____ DEPARTMENT: _____

PHONE: _____ EMAIL: _____

ALTERNATE
EMAIL: _____

COURSE TITLE	COURSE CODE / SESSION	DATE	TIME

**If additional space is needed to enroll in other courses, please use another registration form*

Please circle YES or NO to the following questions:

Do you wish to enroll in a Passport Learning Series? YES NO
If YES, which series? _____

Are you currently in a Supervisory role? YES NO
If YES, how long have you been in a *Supervisory role at Orange County*? _____

Is it your responsibility to administer discipline? YES NO
Is it your responsibility to conduct Performance Evaluations? YES NO

Have you graduated from another Passport Learning series? YES NO
If YES, which series? _____

My supervisor is aware of and approves my registration and attendance at the above listed class(es).

Employee Signature (Required): _____