Print Form

OhioDAS Human Resources Division | Office of Learning and Professional Development
Service · Support · Solutions

Application for Training

Instructions: Complete entire application form, including billing information, if applicable. Please note that additional documents may be required to accompany this application. Please read the Program Specific Information and Directions Page.

Supervisory approval is required prior to registering for all training programs and/or classes.
Follow all internal agency procedures

Personal Information

Full Name _____
Last *First* *Middle Initial*

Employer _____

Work Address _____
Street Address

_____
City State ZIP Code

Work Phone _____ Work E-mail Address _____

Cell or Alternate Phone (Optional) _____

Alternate E-mail Address (Optional) _____

Employee Job Information

Check Government Type ☐ State ☐ County ☐ Local ☐ Federal ☐ Other

Check Work Region ☐ Northeast Ohio ☐ Northwest Ohio ☐ Central Ohio ☐ Southeast Ohio ☐ Southwest Ohio

Employee ID Number (state only): _____

Job Title/Classification _____

Choose one: ☐ Bargaining unit ☐ Exempt

Supervisor Name _____

Supervisor Title _____ Supervisor Phone _____

Supervisor E-mail address _____

Indicate any special needs/accommodations: _____

_____

I certify that to my best knowledge, all information entered in this application is accurate and true.

_____ _____
Employee Signature Date

Applicant Name: _____

Program Choices (*Check program box*, enter course start date and if applicable, the course name and number. *One application per program/class.*

PROGRAMS WITHOUT FEES		
Program	**Enter Start Date**	**Enter Course Number, Name & Host College (if applicable)**

Select one

PROGRAMS WITH FEES		
Program	**Enter Start Date**	**Enter Course Number, Name & Host College (if applicable)**

Select one

Billing Information For Programs With Fees

A. Fees paid by (*Check one*)

☐ Sponsoring organization
(Complete section B. Billing Address)

☐ Participant *(Complete section B. Billing Address. You will be contacted for payment method)*

☐ Participant and organization to share cost
(Complete section B. Billing Address. You will be contacted for payment method)

☐ Exempt Professional Development Program
(Sign and complete section C. for the EPDP Agreement)

☐ Other Source, list below

_____

B. Billing Address

Name _____

Address _____

Phone _____

Fax _____

E-Mail _____

P. O. Number (If Applicable) _____

C. Exempt Professional Development Program Agreement for the Ohio Certified Public Manager Program

I am an exempt from the bargaining unit employee of the state of Ohio. Apply my EPDP tuition reimbursement funds to the fees for the Ohio Certified Public Manager Program. My signature confirms I have read and understood the rules and limits of the Exempt Professional Development Program. I understand I am responsible for any program costs that exceed the annual fiscal year limit.

_____

Applicant Signature *Date*

For the EPDP policies and limits, check the Web site: http://das.ohio.gov/epdp.

Additional Information

If applying for OCPM or Human Resources Academy, answer the following questions.

Click if you manage a budget, supervise staff and enter number supervised. ☐ **Budget** ☐ **Staff** ☐ **# Supervised**

Enter the length of time in current supervisory position. ☐

For HRA, are you a manager/supervisor or employed in a human resources area? ☐ **Yes** ☐ **No**