EMPLOYEE RELATIONS DEPARTMENT
CAREER DEVELOPMENT DIVISION/TRAINING UNIT
111 N.W. 1st Street, Suite 2110
Miami, FL 33128
Telephone: 375-5654
Fax: 375-4138
E-mail: Amodib@miamidade.gov

NON-SUPERVISORY TRAINING APPLICATION

1. Request approval from supervisor or authorizing signature.
2. Incomplete applications will be returned to employee.
3. Application should be interoffice-mailed, or faxed (mailing information above), or e-mailed.
4. **24 hours advance notice is required to cancel a class**.

	COURSES	DATE
Last Name First Name	☐ **CSCN**	.....
Social Security Number	☐ **CSCN(s)**	.....
Department/Division/Locator # (DDL)	☐ **IMEN**	.....
Work Address	☐ **TMSN**	.....
Work phone Number, Beeper or E-mail	☐ **VCDN**	.....
Current Classification	☐ **VIWN**	.....
INDEX CODE (letters and numbers) ☐ Application(s) missing the department's index code **WILL NOT** be processed.	☐ **ETHICS**	.....
	☐ **SMS**	.....
	☐ **WEB PORTAL** **(No charge)**	.....
	/ ( ) Immediate Supervisor's Name and Phone Number	
	Course Fee(s): $_____	

Supervisor's or Authorizing Signature

Approval Date

No one will be admitted to class without a completed application on file. Completed application must be received no later than three (3) days prior to class date.

Revised 7/30/02