



Automated Position Designation Tool Class: Registration Form

(Registration closes 2 weeks prior to class start)

Contact Info

Preferred Training Date

Name E-mail Contact Number Home City State

Do you require special accommodations (Optional)

If yes, please describe

Medical allergies (Optional)

Executive Department/Agency

Agency

If you are a contractor, provide contractor's name

Your Agency Role

Supervisor/Point of Contact

Supervisor/POC Contact Number

What method does your agency currently use to designate positions?

We require a 48 hour notice on all cancellations. Thank you for your understanding.

Depending on class availability, we will respond with a confirmation e-mail and additional information