

DEPARTMENT OF HUMAN SERVICES
DHS 104
Request to Attend PERS or DHRD Sponsored Training

COURSE TITLE: <u>Bloodborne Pathogens Training (VCC)</u>	SESSION DATE: <u>March 20, 2018</u>
COURSE CODE/SESSION NUMBER: <u>BBP0318</u>	TIME: <u>9:00 – 11:00am</u>
COLLEGE/VENDOR: _____	LOCATION/ROOM: <u>VCC Sites at Lihue, Kailua-Kona & Wailuku</u>
P.O. NO./UNIFORM ACT CODE(Required): _____	COURSE FEE: <u>\$9.90</u>
CONTACT PERSON: _____	TELEPHONE: _____

INSTRUCTIONS:

1. Submit this form ORIGINAL ONLY approved/signed by SO/DA to PERS-TS at least fifteen (15) workdays prior to the start of the training.
2. List names in order of priority.
3. In the designated spaces, type the Name, Employee Identification No.(refer to back of DHS Employee Identification Badge), Position Title, Division, Bargaining Unit, and Telephone No. for each applicant.
4. Use the following codes to indicate any special needs in the SPEC NEED column: P=Parking, PA=Personal Assistance, R=Reader, N=Note Taker, O=Other (indicate).
5. Provide a Purchase Order Number or Uniform Act Code (appropriation and act code) when indicated on the course announcement.

SPEC NEED	NAME (LAST, First MI)	IDENTIFICATION NUMBER	POSITION TITLE	SO/DIV	BU	TEL. NO.

_____ SO/DA	_____ DATE	_____ DIRECTOR	_____ DATE
----------------	---------------	-------------------	---------------

COMMENTS: _____

