

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

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| COURSE TITLE: Verbal De-Escalation Training | SESSION DATE: April 3 or June 5, 2018 |
| COURSE CODE/SESSION NUMBER: VDE0418 or VDE0618 | TIME: 8:00am – 12:00pm |
| COLLEGE/VENDOR: _____ | LOCATION/ROOM: QLB, Conf. Rm 1 & 2 |
| P.O. NO./UNIFORM ACT CODE(Required): _____ | COURSE FEE: 00.00 |
| 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. |
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| SO/DA | DATE | DIRECTOR | DATE |
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COMMENTS: _____

