DEPARTMENT OF HUMAN SERVICES

DHS 104

Request to Attend Human Resources or DHRD Sponsored Live Training

Course Title: \_\_\_**Adult/Pediatric First Aid, CPR & AED Training**\_\_\_ Session Date(s): \_**November 5, 2018** \_\_\_\_\_\_\_\_\_\_\_

Course Code/Session Number (s): \_\_\_**CAFA1118**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_**8:00am to 4:30pm**\_\_\_\_\_\_\_\_\_

College/Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location/Room: \_**QLB, Conf. Rm 1 & 2**\_\_\_\_\_\_

P.O. No./UAC (If required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Fee (if any): \_\_\_**$25.20**\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions:

1. Form to be filled out by the employee or supervisor.
2. Request to be approved by the appropriate supervisor then sent to the division training coordinator for processing and forwarding to HR-TS. The DHS 104 needs to be received by HR-TS **at least fifteen (15) workdays prior to the start of the training**.
3. List applicants’ names in the order of priority.
4. Use the following codes to indicate any special needs in the Spec Need column: PA=Personal Assistance, R=Reader, N=Note Taker, ASL=American Sign Language signer, O=Other (indicate). Arrangements for Spec Need is the responsibility of the applicant’s staff office/division. TS uses this information to accommodate for space in the class.
5. Provide a purchase order number or Uniform Accounting Code (appropriation and activity code) when indicated on the course announcement.
6. Requests for parking are to be handled by the employee’s program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name  (Last, First MI) | Employee Identification No. (8-digit) | Position Title | Division | Branch/Section/  Unit | BU | Employee’s Telephone # | Spec Need |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Date Division Training Coordinator Date

Comments: