

CENTER FOR WORKPLACE LEARNING AND PERFORMANCE
CLASS ENROLLMENT FORM
PLEASE PRINT

Program Title: _____ Program Date: _____

Participant's Name: _____ AASIS Employee Number: _____

Department/Agency: _____ Agency Number: _____

Job Title: _____

Business Mailing Address: Mail is received through: Messenger Service _____ Regular Mail _____

Street: _____

City: _____ Zip Code: _____

Telephone: Work _____ FAX _____ Home _____

PROGRAM PARTICIPANT – What specific skills, knowledge and information do you hope to gain from this program to enable you to perform your job duties more effectively?

SUPERVISOR – What are your objectives for your employee attending this program?

Supervisor's Signature: _____

**IF THE GOVERNOR'S INCLEMENT WEATHER POLICY IS IN EFFECT,
CLASSES START AT 10:00 AM**

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Participant/Supervisor: Please send completed enrollments to your Agency Training Liaison.

Substitutions: Substitutions may be made at any time prior to the program date.

Cancellations: The Agency is responsible for payment of all fees due, if cancellations are not made prior to the program date and/or the employee does not attend without notification.

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Agency Liaison: Please send enrollments to:
Center for Workplace Learning and Performance
Department of Finance and Administration
1509 West 7th, Suite 101
Little Rock, AR 72201

For more information please call us 501-682-2252 or FAX 501-682-5335 or access our web site
<http://www.arkansas.gov/dfa/opm/iatp.html>

Payment: Your agency will be invoiced for payment of fees. Make all checks payable to:
"Center for Workplace Learning and Performance"

Agency Training Liaison Signature

Phone #

FAX #