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**RICHARD M. DALEY, MAYOR
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**GLENN E. CARR, COMMISSIONER
DEPARTMENT OF PERSONNEL**

PROGRAM ENROLLMENT APPLICATION

PROGRAM NAME _____ PROGRAM START DATE _____

EMPLOYEE NAME (PRINT) _____ TITLE _____

SOCIAL SECURITY NUMBER _____ DEPARTMENT/AGENCY _____

WORK ADDRESS _____ ZIP CODE _____ WORK PHONE _____

WORK FAX NUMBER _____ WORK E-MAIL ADDRESS _____

SUPERVISOR OR MANAGER YES NO IF SO, HOW LONG? _____

WILL A REASONABLE ACCOMMODATION BE REQUIRED? YES NO _____

IF SO, PLEASE EXPLAIN _____

APPLICATION SOURCE: ____ FLIER ____ SUPERVISOR ____ CO-WORKER ____ OTHER (SPECIFY) _____

THIS APPLICATION MUST BE APPROVED BY YOUR SUPERVISOR & TRAINING REPRESENTATIVE

PRINT NAME OF SUPERVISOR _____ SIGNATURE _____ PHONE _____ DATE _____

SIGNATURE OF TRAINING REPRESENTATIVE _____ PHONE _____ DATE _____

**RETURN THIS APPLICATION TO THE TRAINING REPRESENTATIVE IN YOUR
DEPARTMENT PRIOR TO THE PROGRAM DATE. APPLICATION DOES NOT
GUARANTEE ENROLLMENT. YOUR PARTICIPATION WILL BE CONFIRMED
BY TELEPHONE.**