REGISTRATION FORM FOR DHRM CLASSES – *Registration is NOT complete until payment is received by PDS (payment instructions are on the next page*)

Department of Human Resource Management

Fax: (804) 786-9127 Phone: (804) 225-2157

Internet Address: http://www.dhrm.state.va.us/train.htm

Name:_____ Gender: ___M ____F

Social Security No.*_____

**Used as a unique code to track your transcripts. Your Driver's License may be used as a substitute.*

Agency / Organization: _____ Agency Code:_____

Address: _____ Floor/ Suite _____

City _____ State _____Zip Code_____

Region: Central: _____North: _____South: _____East: ____West:____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Job Title: _____Pay Band: _____

Check all that apply: Manager: __ Supervisor: __ State Gov: ___Local Gov: ___ Other:___

Approving Manager / Supervisor: _____

Job Title: _____Phone No.: _____

You will be contacted in this priority order: email; if none, by phone or by fax.

IAT/Billing Information

(for verification or confirmation only)

Contact Person: _____ Phone: (_____) _____

Agency / Organization _____ Agency Code: _____

Address: _____ Floor / Suite _____

City _____State _____ Zip Code _____

Race/Ethnicity _____Black ____White ____Hispanic ____Asian ____American Indian

Course(s):

Date: _____Title: _____ Cost: _____

Date: _____Title: _____ Cost: _____

Date: _____Title: _____ Cost: _____

Procedures:

Registration: Forms must be received three (3) weeks before the workshop.

Confirmation: Participants will be notified via email, telephone, or fax as soon as payment has been received. To check on a confirmation status, please call 804-225-2157, **after** you have verified payment information with your fiscal department.

Cancellation: All cancellations must be received in writing at least ten (10) business days prior to the date of the class. Agencies **will be billed when participants cancel less than 10 business days or do not attend class**. For all workers' compensation-sponsored courses, failure to attend or cancel registration will result in a charge to your agency.

Mail Registration: To mail your registration form, send to:

Department of Human Resource Management

Personnel Development Services - Registration

101 N. 14th Street, Mezzanine

Richmond, VA 23219

_____ Please check if you want information concerning training location accessibility.

Registration is complete when payment has been received by PDS.

2003 DHRM Class Payment

All classes must be prepaid.

Payment by Check

- Individual or organization checks must be received by DHRM no later than 2 weeks prior to the start date of the class.
- If payment is made/sent after the 2-week deadline, a certified check or money order must be sent or brought the first day of the class.

Inter-Agency Transfer

If your agency is paying for a class, an Inter-Agency Transfer is used (IAT) billing information follows:

Trans Code:	136
Agency #:	129
Fund:	0202
Program/Sub	704-09
Revenue Source:	03007
Project #:	73100
Cost Code:	731

The course and participant name must be inserted in the description field. A copy of the IAT must be faxed to Linda Sledge at 804-786-9127 prior to class.

Class rosters will indicate receipt of payment. Class instructors will not be able to allow non-paid participants to attend classes.