



APPLICATION

Please review the instructions on the next page before completing this application.

CTC OFFICE USE ONLY	
Input Date	Initials

TRAINING APPLICANT INFORMATION (must fill all fields)

Employee Reference Number (See Pay stub)	<input type="text"/>	Employee Affiliation: (Check One)	Today's Date
		City State Federal Non-Gov.	
Last Name	First Name	Middle initial	
Civil Service Title	Office Title		
Agency Name	Agency Code	<input type="text"/> <input type="text"/> <input type="text"/>	I have changed agencies within the last 2 years Yes/No
Division/Work Unit	Work Address (full)		
Work Phone	Work Fax		
Work Email	Personal Email		

OPTIONAL APPLICANT INFORMATION

Gender	Are you Hispanic?	What is your race?
Female	Yes	Asian I do not want to disclose
Male	No	Black Two or more races
I do not want to disclose	I do not want to disclose	White American Indian or Alaskan Native

SELECTED COURSE INFORMATION

Course Code	Course Title	Level	Course Dates	Days	Cost
1					
2					
3					
4					

CITYWIDE TRAINING CENTER CONFIRMATION/CANCELLATION POLICY

1. Your agency training liaison will notify you of your confirmation to attend the class(es) for which you have registered. You should not attend a class for which you have not received a confirmation. If you have not received a confirmation, check with your liaison. No food or beverages are permitted in classrooms.
2. Requests for cancellations or scheduling must be received in writing at least 7 business days prior to the start of a confirmed class. Requests received without the required notice will result in a charge of the full course fee. Agencies may designate a qualified participant for substitution up to the commencement of the class without penalty.

APPLICANT SIGNATURE

Applicant Signature

Date

REVIEW THESE INSTRUCTIONS BEFORE COMPLETING APPLICATION

Applicant completes all fields in the **TRAINING APPLICANT INFORMATION** section and includes required **Employee Reference Number** (NOT Social Security Number) found on pay stub. First-time, non-City applicants will be assigned a CTC ID number.

Applicant completes all fields in the **SELECTED COURSE INFORMATION** after selecting courses from the current Citywide Training Center Class Schedule or contacts the Agency Training Liaison for additional course information.

Applicant forwards completed application to immediate *Supervisor* for signature and authorization.

Supervisor forwards completed application to the appropriate *Agency Training Liaison* for processing.

Agency Training Liaison forwards application to *Agency Fiscal Officer* or *Designee* for fiscal authorization.

Agency Training Liaison signs and forwards completed, authorized applications to the Citywide Training Center, Applications Processing Unit.

***NOTE: The CTC will process applications under the assumption that Training Liaisons have obtained all necessary permissions.**

Supervisor's
Name (Print)

Title

Work Phone

Work Fax

Work Email

By my signature, I certify that this employee is authorized for training in the course(s) requested and confirm that this employee has taken, where applicable, the prerequisite basic courses and/or has demonstrated the skill necessary to participate successfully in advanced-level coursework. Additionally, I understand that this employee is excused from normal work assignments during the hours of training and is required to attend the training course(s), as scheduled, once CTC registration confirmation is received by the Agency Training Liaison.

Supervisor Signature

Date

Fiscal Officer or
Designee's Name (Print)

Title

Work Phone

Work Fax

Work Email

By my signature, I certify that funding in the appropriate budget/object codes is available for the training requested and that all training costs will be paid in accordance with DCAS/Citywide Training Center payment procedures.

Fiscal Officer Signature

Date

AGENCY TRAINING LIAISON AUTHORIZATION

Agency Training
Liaison Name (Print)

Title

Work Phone

Work Fax

Work Email

By my signature, I certify that I have reviewed this for content and completeness.

Agency Training Liaison Signature

Date

The NYC Department of Citywide Administrative Services (DCAS) is committed to Equal Employment Opportunity (EEO) and a policy of non-discrimination in the employment, development, advancement and treatment of City employees.

DCAS will provide reasonable accommodations to employees with disabilities who need and request such accommodations.

If you require an accommodation or a support service, please call us at (212) 386-0005 or email us at citywidetrainingcent@dcas.nyc.gov.

CITYWIDE TRAINING CENTER

APPLICATIONS PROCESSING UNIT | 1 CENTRE STREET, 24TH FLOOR SOUTH | NEW YORK, NY 10007

PHONE: 212-386-0005 | FAX: 212-313-3439 | EMAIL: citywidetrainingcent@dcas.nyc.gov



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