



SKILLS FOR SUCCESS Course Application Form

APPLICANT INFORMATION Directions for completing this form are on the reverse side. Please type or print.			
Circle one Mr. Ms.			Name of Agency or Organization
Name			
Social Security # (last four digits only)			Facility
Current Job Title	Grade	Home Address (all correspondence will be sent to your home address)	
Negotiating Unit (see # 3 on reverse side)		Street/PO Box	
FOR New York State Government Employees (circle one): 02 = Administrative Services Unit (ASU) 03 = Operational Services Unit (OSU) 04 = Institutional Services Unit (ISU) 05 = Professional, Scientific & Technical (PS&T)* 06 = Management/Confidential (MC)* 47 = Division of Military & Naval Affairs (DMNA) Other _____		City	State
* Were you previously in the Administrative Services Unit and are you currently in a traineeship or on probation as a result of an appointment to a Transition Title? Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip Code	
FOR Local Government/Private Sector Employees (circle one): LG =Local Government PS =Private Sector		Daytime Phone # _____ () _____	
		Daytime Fax # _____ () _____	
		Daytime Email Address _____	
		Reasonable Accommodation If you are a person with a disability and require a reasonable accommodation to participate in any of these courses, please specify the accommodation you need or you may call the Partnership's accessibility coordinator at (800) 253-4332 or email access@nyscseapartnership.org . _____ _____ _____	

COURSE INFORMATION		
List in Order of Preference	Course Title(s)	Course Date(s)
1.		
2.		
3.		
4.		

SUPERVISOR'S APPROVAL This employee has my approval to attend the course(s) listed. By signing this application I agree to grant this employee release time to attend this/these entire course(s).		
Supervisor's Name (Print or Type)	Supervisor's Signature	
Supervisor's Phone #	Supervisor's Email Address	Date

Please send this application by mail or fax. The return address and fax number are listed in #9 on the reverse side of this form.

The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment, admission, or access to its programs or activities. Reasonable accommodation will be provided on request.

Directions for Completing the *Skills for Success* Course Application Form

1. Please print legibly or type.
2. Complete **each line** of the form in detail. Incomplete or incorrectly completed forms may require us to return your application to you for completion or correction.
3. **Negotiating Unit** – The *Skills for Success* courses are for:

New York State (NYS) employees (ASU/02, OSU/03, ISU/04, or DMNA/47). Limited exceptions include NYS employees in a traineeship or serving a probationary period in an ASU transition title (may be MC/06 or PS&T/05) supported by the Partnership OR employees in a Management/Confidential (M/C 06) clerical or secretarial title as space in classes permits.

OR

CSEA local government/private sector employees working in a county, city, town, village, or school.

Please circle the correct bargaining unit if you are a NYS government employee.

Please circle “LG” if you are a local government employee or “PS” if you are a private sector employee.

4. Please specify the name of your agency or local government/private sector organization (e.g., Office of Mental Health or City of Syracuse) and your facility name (e.g., Rockland Psychiatric Center or Town of Colonie Parks Department), if applicable.
5. Enter your complete **home address**. All correspondence will be sent directly to your home address.
6. If you are a person with a disability and require a reasonable accommodation in order to participate in a course, please be as specific as you can in requesting this accommodation.
7. If you are applying for more than one course, list them in the order of your preference.
8. Applications **must be signed and dated by your supervisor** if the course occurs during your regular work hours. If you are accepted into a class, please notify your supervisor.
9. Mail or fax the application to:

NYS & CSEA Partnership for
Education and Training
Corporate Plaza East, Suite 502
240 Washington Avenue Ext.
Albany, NY 12203

Fax: (518) 486-1989 or (518) 473-0056
or (518) 473-9457

For further assistance, please contact us
at (518) 486-7814
OR for areas outside the Capital Region
(800) 253-4332.