



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	Facility
Social Security # (last four digits only)	
Current Job Title Grade	Home Address (all correspondence will be sent to your home address)
Negotiating Unit (see # 3 on reverse side) 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 _____ * Were you previously in the Administrative Services Unit <u>and</u> 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"/> FOR Local Government/Private Sector Employees (circle one): LG = Local Government PS = Private Sector	Street
	City State Zip Code
	Daytime Phone Number ()
	Daytime Fax Number ()
	Email Address
	Reasonable Accommodation If you have a disability that requires a reasonable accommodation in order to participate in any of the <i>Skills for Success</i> courses, please check here <input type="checkbox"/> . A Partnership staff member will contact you at the phone number or email address you provided above for further information.

COURSE INFORMATION

Course Title(s) (NOTE: Please list in order of preference)	Course Date(s)	Course Location (City)
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, without charge to leave credits, to attend the entire course(s).

Supervisor's Name (Print or Type)	Supervisor's Signature	
Supervisor's Phone Number	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 APPLICATION FORM

1. Please print legibly.
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) CSEA-represented employees (ASU/02, OSU/03, ISU/04, or DMNA/47). Limited exceptions include NYS employees in a traineeship or serving a probationary period in a 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 check the box provided and a Partnership staff member will contact you.
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. Do not attend the class unless you receive an acceptance letter from the Partnership.
9. Mail or fax the application to:

NYS & CSEA Partnership for Education and Training
Corporate Plaza East, Suite 502
240 Washington Avenue Extension
Albany, New York 12203

Fax Numbers: 518-486-1989
518-473-0056
518-473-9457

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