

Please print or type

NOTE: Registration deadlines are approximately two weeks before the first day of the course

Name

Identification Number:

New York State Government Employees, please provide your employee identification number (NYS EEMPLID is 9 characters long, begins with "N," and can be found on your paystub, located to the left of "Pay Rate").

NYS EEMPLID: N _____

Local Government, School Districts, State Authorities, or Private Sector CSEA-represented Employees, please provide your CSEA ID (the CSEA ID is 10 characters long and can be found on your CSEA membership ID card).

CSEA ID: _____

Negotiating Unit New York State Government Employees (check 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 (M/C)* 47 = Division of Military & Naval Affairs (DMNA) Other _____ * Select PS&T and M/C employees are eligible to attend the webinar. - OR - Non-state CSEA-represented Employee – If Local Government, School District, State Authority, or Private Sector CSEA-represented employee, check here <input type="checkbox"/> .	Current Job Title Grade
	Name of Agency or Organization
	Facility
	Day Phone ()
	Email Address (Must provide at least one) Home: Work:

Reasonable Accommodation: All participants are welcome. If you have a disability and need an accommodation, check here . A Partnership staff member will contact you for further information.

COURSE INFORMATION

Title	Date(s)	SLMS Class Code
1.		
2.		
3.		

I hereby attest that I will comply with all COVID-19 safety measures required by NYS, the Partnership, the instructor, and the county in which I will be attending training on the day of class. Examples of compliance include social distancing, wearing a mask, and vaccination or testing requirements for employees at the time of the training.

Employee Signature

SUPERVISOR APPROVAL

By signing this application I grant this employee release time, without charge to leave credits, to attend the entire course(s).

Supervisor Name (Print or Type)	Supervisor Signature	
Supervisor Email	Supervisor Phone Number	Date

HOW TO APPLY

Email application to: learning@nyscseapartnership.org

Fax application to: (518) 486-1989 or (518) 473-0056

Mail application to: NYS & CSEA Partnership · Corporate Plaza East – Suite 502 · 240 Washington Ave. Ext. · Albany, NY 12203