

SKILLS FOR SUCCESS APPLICATION FORM

APPLICANT INFORMATION

Please print or type. Name Signature New York State Government Employees, please provide your employee identification number (NYS EMPLID is 9 characters long, begins with "N," and can be found on your paystub, located to the left of "Pay Rate"). NYS Employee Identification Number or ID number: 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). **Negotiating Unit Current Job Title** Grade New York State Government Employees (select one): **02** = Administrative Services Unit (ASU) **03** = Operational Services Unit (OSU) Name of Agency or Organization **04** = Institutional Services Unit (ISU) **05** = Professional, Scientific & Technical (PS&T)* **Facility 06** = Management/Confidential (M/C)* **47** = Division of Military & Naval Affairs (DMNA) **Day Phone** Other Email Address (Must provide at least one) * As space permits. Home: Non-state CSEA-represented Employee - If Local Government, School District, State Authority, or Private Sector CSEA-represented employee, check here . 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 **Course Title SLMS Class Code** Date 1. 2. 3. 4. SUPERVISOR APPROVAL By signing this application I grant this employee release time, without charge to leave credits, to attend the course(s). Supervisor Name (Print or Type) Supervisor Signature Supervisor Email Supervisor Phone Number Date Email to: learning@nyscseapartnership.org. Fax to: (518) 486-1989 or (518) 473-0056. Or mail to: NYS & CSEA Partnership.

NOTE: Course registration deadlines are approximately two weeks before the first day of the class.

Corporate Plaza East - Suite 502, 240 Washington Ave. Ext., Albany, NY 12203