

APPLICANT INFORMATION

Please print or type.

Name	Signature
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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).

CSEA ID: _____

Negotiating Unit New York State Government Employees (select 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 _____ * As space permits.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Current Job Title</td> <td style="width: 40%;">Grade</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding-top: 5px;">Name of Agency or Organization</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding-top: 5px;">Facility</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding-top: 5px;">Day Phone</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding-top: 5px;">Email Address (Must provide at least one)</td> </tr> <tr> <td colspan="2" style="padding: 5px 0;">Home:</td> </tr> <tr> <td colspan="2" style="padding: 5px 0;">Work:</td> </tr> </table>	Current Job Title	Grade	Name of Agency or Organization		Facility		Day Phone		Email Address (Must provide at least one)		Home:		Work:	
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Non-state CSEA-represented Employee – If Local Government, School District, State Authority, or Private Sector CSEA-represented employee, check here _____.

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	Date	SLMS Class Code
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 mail to: NYS & CSEA Partnership Corporate Plaza
East – Suite 502, 240 Washington Ave. Ext., Albany, NY 12203

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