DEPARTMENT OF HEALTH & MENTAL HYGIENE
INFORMATION RESOURCES MANAGEMENT ADMINISTRATION

IT TRAINING REGISTRATION FORM

Course Title: _____ Date: _____ **(not guaranteed)**

Employee PIN: _____ Name: _____

Administration/Facility: _____

Work Address: _____ City, State, Zip: _____

Work Email: _____ Work Phone: _____

_____	_____	_____
Immediate Supervisor	Phone Number	Date
_____	_____	_____
Approving Authority	Phone Number	Date

THIS FORM IS NOT TO BE CONSIDERED A CONFIRMATION TO CLASS
YOU WILL BE NOTIFIED WHEN TO ATTEND

A non-refundable $75.00 charge will be assessed for all confirmed participants who fail to attend the course, cancel attendance up to 3 business days before the course, or send a replacement with an appropriate skill level.

PCA: _____ Object: _____ Amount: $75.00

_____	_____
Fiscal Officer	Date

Funds will be transferred to: Information Resources Management Administration; PCA – B307G Object – 0827

Return completed forms to:
Andrea Lukes
Policy, Planning & Administration Division
201 West Preston Street, Suite 401; Baltimore, MD 21201
Phone: 410.767.1813 ◆ Fax: 410.333.5253

All *Medical Care Programs* employees return completed forms to:
Jackie Smick
O.O.E. - Medical Care Programs
Systems Liaison Services
201 West Preston Street, Room SS18; Baltimore, MD 21201
Phone: 410.767.6940 ◆ Fax: 410.333.7186

Date Rec'd: _____

FORM COMPLETION INSTRUCTIONS

1. Indicate the title of the course being requested.

2. Indicate the date of the course you are requesting.
   (Date requested is not guaranteed depending upon the number of enrollees. Your enrollment form will be kept on file. You will be notified when you are rescheduled to attend.)

3. Please use Employee PIN Number from the time sheet. Contractual employees should use the code of CO followed by the last four digits of the social security number.

4. Please use the employee work address to include the city, state and zip code.

5. Please supply an email address if one is available.

6. Please include the area code as part of the work telephone number.

7. Signature and phone number of approving authority must be the employee's supervisor, manager, division chief or director. Please provide the date of approval.

8. Please supply the correct PCA and Object codes.
   (The PCA and Object codes can be acquired from the budget code manual available in your budget office. County Health Departments need to supply their county budget identifier.)

9. The dollar amount is the amount indicated on the Information Resources Management Administration schedule. The dollar amount will only be assessed if the employee does not attend the class.

10. Please insure that the Fiscal Officer approves the fund transfer with a signature.