

Individual Application for State In-Service Training Programs

FALL 2015

CT Department of Social Services

Return this section of the application to

- Michele Bruschino, OSD-2nd Floor (Central Office) FAX #: **860-424-4946**
- Maps and driving directions are included at the back of the In-Service catalog (attached).
- **All Applications are due by August 7th by 3:30 p.m.**

I have applied for 2 courses this course is my (circle one) 1st preference or 2nd preference

Information about the Applicant: (Please Print Clearly)

Name:

Title:

Work Phone:

Department/Unit:

Work Address:

Employee I.D.#:

Course Information - One Course Per Page:

Course Title:

Course Number:

Date(s):

Fee:

I meet the prerequisites listed in the course description: ___ Yes ___ No ___ None Listed

Supervisor's Approval

Name:

Title:

Signature:

Date:

Supervisory or Managerial Justification (required if course is over \$200):

Additional Notes or Information: