

DMHAS Fall 2016 Individual Application for State In-Service Training Programs

Applications will be accepted throughout the Employee Registration Period which ends Thursday, August 4, 2016.

Facility TAOs must submit all employee applications to the **AGENCY TAO BY:**
Monday, August 8, 2016

Important Notes for Applicants:

- DMHAS has unique policies concerning deadlines, eligibility and the registration process. **Please review the Employee Registration Information provided on pages 5 and 6 of the catalog** and direct questions regarding timelines and procedures to your Facility TAO.
- Prior to enrolling, speak with your TAO or union representative regarding your contract language as it relates to workshop/training funds, and reimbursement of training fees.
- Carefully check the dates and times of courses you are applying for, for any potential conflicts. **No seat changes or withdrawals are allowed once seats are requested and reserved.**
- A Travel Authorization Request, Form (CO-112 Rev.05/2014) is required for each approved course. This form is available on the Comptroller's website <http://www.osc.ct.gov/agencies/forms/index.html> and must be submitted to your facility TAO when your payment is requested.
- An attendance certificate is provided at the end of your course. **Make a copy, without delay, and submit it to your Facility TAO. DMHAS sets deadlines by which your TAO must report final attendance.**
- College telephone numbers and websites addresses are provided on **page 9** of the catalog. Maps and driving directions can be accessed through each of the college websites.

Information about the Applicant: (Please print clearly and provide all requested information)

Name: _____ Employee #: _____
DMHAS Facility: _____ Job Title: _____
Department/Unit: _____ Work Phone: _____
Work Address: _____ Work Fax: _____

I understand that I am required, per DMHAS Commissioner Policy #230-17, to pay the course fee upon notification of my acceptance, and I will make payment upon notification of my acceptance into this course.

Employee Signature: _____ **Date:** _____

Please provide the following information which is needed to meet State and Federal Affirmative Action requirements:

Male _____ Female _____ White _____ Black _____ Hispanic _____ Other _____

Course Information – One Course per Page (Please print clearly and provide ALL requested information)

Course Title: _____

Course Number: _____ Course Date(s) and Times: _____ Course Fee: _____

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

Supervisor's Approval:

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

Facility Training Approval Officer Approval:

Facility: _____

Name (Printed): _____ Telephone: _____

Signature: _____ Date: _____