

Office Ergonomic Awareness Training Enrollment Request Form

- This registration form must be submitted by the employee's supervisor. You may use this form to enroll more than one employee for the class. Attach additional sheets, as needed.
- There is no charge for your employees to attend this class.
- Employees must have their supervisor's prior approval to attend the class date selected.
- Please see the class schedule on the DHR website for training dates, times and locations.
- Your employee will receive a confirmation by email after we receive the request form.
- If you are unable to attend the class, you may send an alternate employee from your department.
- Please provide at least 72 hours notice if you are unable to attend the class or send an alternate. This allows someone from the waiting list to be contacted.

Employee #1

Name:	Job Class:	Job Title:
Work Address:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Training Date Requested: _____		
First Choice	Second Choice	

Employee #2

Name:	Job Class:	Job Title:
Work Address:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Training Date Requested: _____		
First Choice	Second Choice	

Employee#3

Name:	Job Class:	Job Title:
Work Address:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Training Date Requested: _____		
First Choice	Second Choice	

This form may be faxed or sent by interoffice mail to:

DPH-OSH Ergonomic Services

101 Grove Street, Room 217

Fax: (415) 554-2570