SAFETY TRAINING REGISTRATION FORM

Send to: Joane Gulvas, Safety Office

To register for a safety training class, please complete this form. Please copy completed form and submit one copy per employee to the Safety Office. This form will not be accepted unless it is signed by the Supervisor, Division Chief, or Department Head.

It may not be possible to accommodate all requests for a particular class on a specific date as some may fill quickly. Some classes may be changed, rescheduled, or canceled if enrollment is low. Additional sessions will be added as required; employees may be scheduled for another session or placed on a wait list. Employees and supervisors will be notified of changes as soon as possible.

Cancellation of registration for any class must be received three days prior to the scheduled program date. If cancellation is not received three days prior, a per-participant cost will be charged to the Department if the seat cannot be filled. (Emergency situations are the exception.)

An employee requiring accommodation under ADA may contact the Safety Officer at 645-0687.

CHARLES COUNTY SAFETY TRAINING REGISTRATION FORM

Please print the following information.

DATE:_____Participant's Name:_____

Job Title:_____Work Phone:_____

Department:_____Division:_____

Supervisor's Signature_____

Division Head's Signature:_____

Department Head's Signature (if required):_____

COURSE TITLE	DATE & TIME