



NYC DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

# CITYWIDE TRAINING CENTER APPLICATION

<p><u>CTC USE ONLY</u> Input Date: _____ Initials _____</p>
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Please review the instructions on reverse side before completing this application

TRAINING APPLICANT INFORMATION									
Today's Date:									
Employee Reference Number Required Entry (See Pay stub)						Employee Affiliation: (Check One) <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Non-Government			
Last Name			First Name				Middle Initial		
Civil Service Title					Office Title				
Agency Name							Agency Code		I have changed agencies within the last 2 years <input type="checkbox"/> YES <input type="checkbox"/> NO
Division/Work Unit				Work Address (Street, Room, Floor, Borough, State)				Zip Code	
Work Phone		Work Fax		Work E-Mail Address			Home E-Mail Address (Required for CEU transcript request)		

OPTIONAL APPLICANT INFORMATION				
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Check One) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Other, please specify _____		

SELECTED COURSE INFORMATION						
Course Code	Course Title	Level	Course Date(s)	# Days	Cost	
1.						
2.						
3.						
4.						
5.						
6.						

CITYWIDE TRAINING CENTER CONFIRMATION/CANCELLATION POLICY	
1.	Your agency training liaison will notify you of your confirmation to attend the class(es) for which you have registered. You should not attend a class for which you have not received a confirmation. If you have not received a confirmation, please check with your liaison.
2.	There is no charge to an agency/organization for a <b>cancellation received in writing 7 days prior</b> to a scheduled class. If a confirmed participant is unable to attend, the agency may send a qualified substitute or receive credit toward another class. If cancellations are not received in writing within 7 days, or if a confirmed participant does not attend the course, the agency will be charged for the class.

APPLICANT SIGNATURE	
_____	_____
Applicant Signature	Date

(OVER)

**REVIEW THESE INSTRUCTIONS BEFORE COMPLETING APPLICATION**

1. Applicant completes all fields in the TRAINING APPLICANT INFORMATION section and includes required Employee Reference Number (NOT Social Security Number) found on pay stub. First-time, non-City applicants will be assigned a CTC ID number.
2. Applicant completes all fields in the SELECTED COURSE INFORMATION after selecting courses from the current Citywide Training Center Class Schedule or contacts the Agency Training Liaison for additional course information.
3. Applicant forwards completed application to immediate Supervisor for signature and authorization.
4. Supervisor forwards completed application to the appropriate Agency Training Liaison for processing.
5. Agency Training Liaison forwards application to Agency Fiscal Officer or Designee for fiscal authorization.
6. Agency Training Liaison signs and forwards completed, authorized applications to the Citywide Training Center, Applications Processing Unit.

**SUPERVISOR AUTHORIZATION**

<b>Supervisor's Name (Print Clearly)</b>		<b>Title</b>	
<b>Work Phone</b>	<b>Work Fax</b>	<b>Work E-Mail Address</b>	
<p>By my signature, I certify that this employee is authorized for training in the course(s) requested and confirm that this employee has taken, where applicable, the prerequisite basic courses and/or has demonstrated the skill necessary to participate successfully in advanced-level coursework. Additionally, I understand that this employee is excused from normal work assignments during the hours of training and is required to attend the training course(s), as scheduled, once CTC registration confirmation is received by the Agency Training Liaison.</p>			
<p>_____</p> <p>Supervisor Signature</p>		<p>_____</p> <p>Date</p>	

**FISCAL OFFICER/DESIGNEE AUTHORIZATION**

<b>Fiscal Officer or Designee's Name (Print Clearly)</b>		<b>Title</b>	
<b>Work Phone</b>	<b>Work Fax</b>	<b>Work E-Mail Address</b>	
<p>By my signature, I certify that funding in the appropriate budget/object codes is available for the training requested and that all training costs will be paid in accordance with DCAS/Citywide Training Center payment procedures.</p>			
<p>_____</p> <p>Fiscal Officer/Designee Signature</p>		<p>_____</p> <p>Date</p>	

**AGENCY TRAINING LIAISON AUTHORIZATION**

<b>Agency Training Liaison Name (Print Clearly)</b>		<b>Title</b>	
<b>Work Phone</b>	<b>Work Fax</b>	<b>Work E-Mail Address</b>	
<p>By my signature, I certify that I have reviewed this application for content and completeness.</p>			
<p>_____</p> <p>Agency Training Liaison Signature</p>		<p>_____</p> <p>Date</p>	

The NYC Department of Citywide Administrative Services (DCAS) is committed to Equal Employment Opportunity (EEO) and a policy of non-discrimination in the employment, development, advancement and treatment of City employees. DCAS will provide reasonable accommodations to employees with disabilities who need and request such accommodations.



**CITYWIDE TRAINING CENTER**  
**APPLICATIONS PROCESSING UNIT • 2 WASHINGTON STREET, 21ST FLOOR • NEW YORK, NY 10004**  
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