



HR Learning and Development Course Registration Form

This form is used to request enrollment in training courses. Submission of this form does not guarantee a reserved seat in the class session requested. Your enrollment is considered confirmed upon receipt of an email confirmation from the Learning & Development Unit.

Full Name: _____

Job Title of Employee: _____

Department/Organization: _____

Indicate your employment: ☐ City ☐ Village ☐ Township ☐ Other (specify): _____

Does employee supervise others: ☐ Yes ☐ No

Telephone: (____) _____ Email: _____

Course Title	Course Date	Course Cost

*It is your responsibility to **request your organization's approval before enrollment** and inform your supervisor of confirmed class registration and date(s) you will be attending training.*

Check with your organization's contact person prior to registering for courses to ensure that Oakland County has received billing information and authorization for payment in order for you to be enrolled in courses.

Billing Registration for CVTs: www.oakgov.com/hr/hrtrain/Documents/billing_registration_form_fillin.pdf

☐ I have read and agree to the course cancellation policy: https://www.oakgov.com/hr/hrtrain/Documents/cancellation_policy.pdf

Return completed registration forms to hrtraining@oakgov.com . Have questions? Contact us at hrtraining@oakgov.com or call (248) 464-9332.