

# NC Commerce Human Resource Training Form

<p><b>Instructions:</b> It is important that you complete the entire form for each course. Be sure to print or type full name as it appears on payroll.</p> <p>Questions: Call 733-2104 or email: <a href="mailto:tstuckey@nccommerce.com">tstuckey@nccommerce.com</a></p>	<p>Participant's Name: _____</p> <p>Division: _____</p> <p>Location: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Personnel Representative: _____</p>
<p><b>Accommodations:</b> This field is included for those who require accommodation due to disability in order to participate. If you do not wish to disclose or if you do not have a disability, check "none".</p>	<p> <input type="checkbox"/> None Requested      <input type="checkbox"/> Wheelchair Accessibility  <input type="checkbox"/> Visual Impairment      <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> Hearing Impairment      _____         </p>
<p><b>Course Information:</b> Complete the requested information for the training you plan to attend.</p>	<p>Course Title: _____</p> <p>Course/Session Number: _____</p> <p>Course Date(s): _____</p>
<p><b>Approval:</b> Secure appropriate approval prior to submitting your request to Training Manager.</p>	<p>Supervisor's Name: _____</p> <p>Date Approved: _____</p>
<p>Rev 8/08</p>	