

RISK MANAGEMENT

Training and Development Enrollment Form

COURSE NAME:	COURSE DATE:	COURSE TIME:
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NAME: _____ DEPT. PHONE #: _____
(Print or Type Full Payroll Name)

EMPLOYEE ID#: _____ DEPT. FAX #: _____
(Payroll Employee ID #)

E-MAIL ADDRESS: _____

DEPARTMENT/JOB TITLE: _____
(Please specify department's division. Example: Police Department - Uniform)

Email Only
RM_SafetyInAction@dekalbcountyga.gov

Employee's Signature Date

Supervisor's Signature Date

Dept. Head's Signature Date
(If applicable)

