

**DHHS EQUAL EMPLOYMENT OPPORTUNITY INSTITUTE (EEOI)  
PARTICIPANT REGISTRATION FORM**

**TODAY'S DATE:** \_\_\_\_\_

**NOTE: Form must be filled out completely and sent to your Training Coordinator.**

**Date and Location of EEOI you wish to attend (DHHS classes only):**

1<sup>st</sup> Choice:      Date: \_\_\_\_\_ Location: \_\_\_\_\_

2<sup>nd</sup> Choice:      Date: \_\_\_\_\_ Location: \_\_\_\_\_

**ENROLLEE DATA**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Last 4 digits of Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Division: \_\_\_\_\_ Facility/Agency: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Eligibility/Promotion/New Hire Date: \_\_\_\_\_  
(Date hired or promoted into supervisory position)

EPA (exempt) \_\_\_\_\_ or SPA (subject) \_\_\_\_\_ County Where Employed \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Mail Service Center (MSC) Address: \_\_\_\_\_

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**Training Coordinator's Use Only:**

Is an accommodation needed for this enrollee to participate in the EEOI? If so, please indicate the type of accommodation:

Accommodation: \_\_\_\_\_

<p><b>Training Coordinators – Please fax completed registration forms: 919-715-9238 Attention: Gloria Overby</b></p>
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Training Coordinator's Signature : \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_