

**PARTICIPANT ID INFORMATION FORM FOR JUDICIARY EMPLOYEES WHO ARE NOT ON
STATE PAYROLL**

If you are not a Judiciary employee paid by the State but are paid by the county or other agency and need a participant ID, please complete the form below.

You will only have to submit this information one time
to be included in our database of participants.
Please enter **ALL** data carefully!

| | |
|--|------------------|
| Last Name: | |
| First Name: | Preferred Name*: |
| Jurisdiction (County or Baltimore City): | |
| Department: | |
| Work Phone Number: | |
| Work E-Mail: | |
| Work Mailing Address | |
| Street: | |
| City: | |
| State: | Zip: |
| Supervisor Last Name: | |
| Supervisor First Name: | |
| Supervisor's Email: | |
| Your participant ID is the first four letters of your last name and the month and date of your birth (for example, SMIT0108 or DOE1223). You MUST enter this ID in order to register for classes. Please enter your ID in the space below and click Submit. | |
| Participant ID: | |

NOTE: If you need to make changes to this information once you have submitted it (such as address or name change) please contact the Office of Professional Development at 410-260-3601.

*The name by which you most like to be call. Example: William may prefer Bill