Computer Training Request

PLEASE NOTE: The information in the shaded area must be filled out completely in order for your training request to be processed.

Name: _____   Date: _____

UFID Number: _____

Phone Number: _____

Pay Plan: (Select one)
☐ USPS
☐ Teams
☐ OPS

Department: _____

P.O. Box: _____

Supervisor: _____

E-Mail Address: _____

Computer Training Courses Requested:

Training Course	Date/Time	Cost

** Departments will be charged $75 for the computer application workshops offered through Training & Organizational Development (Microsoft Word, Excel, Access, and PowerPoint). As an alternative, Health Science Center IT computer training is offered at no charge and the schedule may be viewed at www.training.health.ufl.edu.

Please list the computer training courses you would like to register for in priority order. Space is limited in computer classes; therefore we'll register you for the first date available. Please make every effort to attend your confirmed registration date.

Signature by employee: _____ **Date:** _____

Signature by supervisor: _____ **Date:** _____

(**for Building Services employees, signature must be from Asst. Superintendent, Mr. Bacon, or Mr. Simmons)