

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: _____	
	<u>Pay Plan: (Select one)</u>
	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)