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MICHIGAN CIVIL SERVICE COMMISSION
DIVISION FOR HUMAN RESOURCE TRAINING AND DEVELOPMENT
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TRAINING REQUESTS

This form is to be completed by registrars only and may be submitted via mail, fax, or e-mail to an address above in the event of a computer system problem or failure.

AGENCY REGISTRAR	REGISTRAR TELEPHONE	REGISTRAR E-MAIL
DEPARTMENT	**DIVISION**	**DATE OF REQUEST**

Check all that apply.	COURSE ID	SESSION NO.	COURSE DATE (mm/dd/yyyy)	COURSE TITLE	AGENCY INDEX/PCA*		EMPLOYEE NAME AND ID NO.
☐ Register ☐ Cancel ☐ Prepay					INDEX	PCA	NAME ID NO.
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* Leave blank if prepay is checked.