

COURSE NOMINATION SHEET

Please fill out all highlighted fields.

PLEASE PRINT

COURSE TITLE: _____	Start Date: _____	End Date: _____
	2nd Alternate Date: _____	End Date: _____
	3rd Alternate Date: _____	End Date: _____

	LAST NAME	FIRST NAME	BIRTHDAY Month/Day	TITLE	BSC ID.	MNR ID.	TELEPHONE NUMBER	RC #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Supervisor's Signature: _____ Telephone # _____ Agency: MNR Date: _____
 Training Liaison Signature: Phil Esposito Telephone # 212-340-2476 Pass No: _____ Charge Back RC# _____
 Liaison Fax #: 212-340-2604

MNR Employees:
 Please return the completed form to MNR Talent Development, by fax at 212-340-2604 or email at TalentDevelopment@mnr.org. You will receive email notification regarding your enrollment.



DIVISION OF HUMAN RESOURCES
Training and Professional Development

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