



**City of Rochester
Training Class Registration**

Section 1: Employee Information

Employee Name: _____ Email Address: _____
Department: _____ Work Phone: _____
Manager Name: _____ Manager Email: _____
Employee Job Title: _____

Section 2: Class Information

1. Title and Course:

2. Date of Class: _____ Time of Class: _____

Date: _____ Employee Name: (Print)

Employee Signature:

Date: _____ Manager Name: (Print) _____

Manager Signature: _____