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Orientation to Basic Principles of County Contracting

You may complete the application on-screen by clicking above the field name, or print clearly on a hard copy. Please obtain the required approval and fax the application to the Learning Academy.

Last Name	First Name	Middle Initial
Department Number	Department Name	
Department Address	Department City	Department Zip Code
Payroll Title	County Employee Number	
Telephone Number	Fax Number	E-mail Address

Date to attend training: _____

Employee Signature	Date
Authorized Signature	Date
Title	Telephone Number

Los Angeles County Learning Academy
3333 Wilshire Boulevard, Suite 1000
Los Angeles, California 90010

Course Contact

Kelly Ty: 213.351.6465
Fax: 213.637.0094

The registration form must be signed by your immediate supervisor or manager according to your department's established procedures. If you are not sure of your department's procedure, we recommend you speak to your immediate supervisor for direction.