

Fraud Awareness and Prevention Workshop

Please type or print clearly. Incomplete or illegible applications will not be processed.

County Employee Number

Last Name

First Name

Middle Initial

Current Position

Payroll Title (if different)

Item Number

Work Phone

Extension

Fax

Email Address

County Department

Department Number

Division & Section

Home Address

City

Zip Code

PROGRAM LOGISTICS

This one-day workshop is for all County managers and supervisors who are responsible for overseeing County employees, procedures, and processes. Space is limited and will be filled on a first-come, first-served basis. Reservations are required and there will be **no on site registration**.

ELIGIBILITY REQUIREMENTS

Number of Employees I Currently Supervise

Name of Unit / Section / Division Under my Responsibility

Please return your completed registration form to Matthew Leos at

Fax 213.637.0094 or mleos@hr.lacounty.gov

If you have a disability that requires a reasonable accommodation,
please contact Matthew Leos at 213.738.2249

