

Job Analysis 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

Home Address

City

Zip Code

Space in this workshop is limited and will be filled on a first-come, first-served basis. Reservations are required and there will be **no on site registration**.

Your registration form must be approved by your Administrative Deputy or Fiscal Officer authorizing your attendance and verifying that your department agrees to pay the \$250.00 course fee. If you are unsure of your department's procedure, we recommend that you speak to your immediate supervisor for direction.

Please charge the \$250.00 fee to:

Fund Org # _____

Manager's Approval and Phone Number (Print)

Title

Date

Return your completed registration form to Matt Leos, Program Coordinator

Fax.213.637.0094

Phone.213.738.2870

mleos@hr.lacounty.gov

If you have a disability that requires a reasonable accommodation, please contact Humberto Barrera at the above number.

