

**DELAWARE TECHNICAL COMMUNITY COLLEGE
COLLEGEWIDE SUPERVISORY TRAINING PROGRAM**

Certification Program Enrollment Form

Please provide all requested information.

Campus:	Department:
Name:	
Title:	Salary Plan: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Work Phone Number:	E-Mail Address:
Are you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If yes, how long have you been a supervisor? _____ How many employees do you supervise? _____	
Supervisory Approval:	
_____ Supervisor's Signature/Date	
_____ Dean/Director Signature/Date	
_____ Vice President and Campus Director Signature/Date	
Please return the completed and signed Supervisory Training Program Certification Program Enrollment Form to your Campus Human Resources Office for forwarding to the Office of the President Human Resources Office.	

NOTE: Employees approved to participate in the Supervisory Training Program will also be required to register for each individual workshop.