

Please return this form electronically to hr-odcont@mail.pitt.edu or by Campus Mail to FSDP, 500 Craig Hall.
An email confirmation will be sent when registration is received.

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Name *Department* *Working Title*

Faculty Staff

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Campus Address *Campus Phone*

@pitt.edu

Email

Do you direct, manage, or supervise the work of other staff? Yes No

If yes, how many staff do you directly supervise?

Course Title	Date	Fee*
<i>*Fees are only applicable to select workshops</i>		TOTAL:

Supervisor Name: Supervisor Email:

Payment Information

*If any of the workshops listed above have a fee attached, please complete the following information.

Interdepartmental Account #:

Approval Signature: