

Please return this form electronically to [hr-odcont@mail.pitt.edu](mailto: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 Mailing 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*
*Fees are only applicable to select workshops		<b>TOTAL:</b>

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: