



Supervisory Essentials Certification Program

Registration Form

Full Name (First, Mi, Last):	
Department:	
Position / Working Title:	
Messenger Mail Address:	
E-mail Address:	Work Phone:
Length of time supervising at UVa: _____	
Number of employees under your supervision: _____	
Name of Approving Director/Manager:	

Please check the session of your choice and sign at the bottom of this form. Classes should be taken in sequence. If enrollment in your preferred session is full, your registration will be moved to the next available session.

2009-10 SESSIONS	Making the Mgmt. Transition	Legal Compliance Key HR Responsibilities	Staffing, Recruiting & Hiring Launching the New Employee Career Development Helping the Troubled Employee	Performance Mgmt. Safety/Security/ Business Responsibility Equity/Diversity
<input type="checkbox"/> Session A	9/3/2009	9/10/2009	9/17/2009	9/24/2009
<input type="checkbox"/> Session B	10/29/2009	11/5/2009	11/19/2009	12/3/2009
<input type="checkbox"/> Session C	2/4/2010	2/11/2010	2/18/2010	2/25/2010
<input type="checkbox"/> Session D	4/8/2010	4/15/2010	4/22/2010	4/29/2010
<input type="checkbox"/> Session E	5/6/2010	5/13/2010	5/20/2010	5/27/2010

I agree to attend each of the 4 classes in the circled session listed above.

Signature of Participant

To register, please fax this form to Tonia Duncan-Rivers at 243-7786. Questions about the program should be sent to tdd3v@virginia.edu (924-4320).