Hall County Government
Employee Training & Development
Human Resources Department

COURSE REGISTRATION FORM

Course Title: _____

Course Date: _____

Employee Name: _____

Social Security #: _____

Department: _____

Position: _____

Phone #: _____

Email: _____

Signature: _____Date:_____

**If cost is associated with the training class, I authorize payment for this class to be expended from #4331 Travel & Training budget expenditure fund. (*revised 5/31/06)*

Department Head Approval: _____

Date: _____

HR Representative: _____

Date: _____