COMPUTER-BASED TRAINING (CBT) AND DISTANCE LEARNING

Sign-up Sheet

REGULAR HOURS CBT LAB M-F 0700-1600
AFTER HOURS CBT LAB: (by appointment only)

PLEASE FILL OUT THIS SHEET COMPLETELY AND SEND VIA EITHER: (1) EMAIL TO THE CBT LAB ASSISTANT, OR (2) GUARD MAIL TO THE CBT LAB IN BUILDING 4034. PLEASE ALLOW ONE WEEK TO PROCESS THIS SHEET AND TO RECEIVE AN E-MAIL OR PHONE NOTIFICATION. THANK YOU

Today's Date _____

Student Information:

Last Name: _____ **First Name:** _____ **MI:** _____

Payroll Number: _____ **Shop:** _____

Position Title: _____ **Course Start Date:** _____ **End Date:** _____

Course: _____

Check appropriate block:

CBT Lab User: ☐ Remote User: ☐

(Employee will take courses in Bldg. 4034) ***(Employee will take couses in office/home)***

DISTANCE LEARNING COURSES ONLY

Provide website for training: _____

I UNDERSTAND THAT ALL DISTANCE LEARNING COURSES MUST BE PRE-APPROVED BEFORE STARTING THE COURSE IN ORDER TO RECEIVE FRC EAST TRAINING CREDIT.

IN ADDITION, I UNDERSTAND THAT TAKING ANY DISTANCE LEARNING COURSES ON MY OWN TIME, INCLUDING AT HOME OR PRE/POST SHIFT AND DURING LUNCH, WILL NOT BE AUTHORIZED FOR OVERTIME OR COMPENSATORY TIME.

Student Signature: _____

NOTE: DISTANCE LEARNING COURSES MAY BE TAKEN VIA THE INTERNET OR IN THE CBT LAB (BLDG. 4034). CBT COURSES MAY BE TAKEN IN EITHER BLDG. 4034 OR AT THE USER'S WORKSTATION.

IF CBT Lab (Bldg 4034) user, Supervisor must complete below:

Day(s) of Week

Time slot(s): _____ Morning: ☐ Afternoon: ☐ After-hours: ☐

Supervisor's Name, Shop, and Phone #: _____

Supervisor's Signature: _____