Civilian Human Resources Center

2017

Human Resources Management for Supervisors Registration Application

INSTRUCTIONS: Complete the form below and submit to dha.bethesda.ncr-med.list.chrc-hrm4s-registration@mail.mil for approval. An email will be sent to both the employee and supervisor confirming registration. If a response is not received 1 week prior to the selected session, email the above address.

Name (Last, First MI):				
If you are a CIVILIAN/inactive RESERVE	PREFERRED TITLE n/a	PAY PLAN n/a	SERIES	GRADE
If you are UNIFORMED SERVICE/active RESERVE	Rank:	Service: n/a		
Duty Station: Fort Belvoir Community Hospital				
Directorate/Organization/Center: Chief of Staff/Assistant Chief of Staff				
Official Email:		Office Phone:		

Select the session and location that you wish to attend.

Fort Belvoir Community Hospital	Walter Reed National Military Medical Center
☐ October 11-13 (Tuesday, Wednesday, Thursday)	☐ November 8-10 (Tuesday, Wednesday, Thursday)
☐ December 13-15 (Tuesday, Wednesday, Thursday)	☐ January 17-19 (Tuesday, Wednesday, Thursday)
☐ February 7-9 (Tuesday, Wednesday, Thursday)	☐ March 14-16 (Tuesday, Wednesday, Thursday)
☐ April 11-13 (Tuesday, Wednesday, Thursday)	☐ May 16-18 (Tuesday, Wednesday, Thursday)
☐ June 13-15 (Tuesday, Wednesday, Thursday)	☐ July 18-20 (Tuesday, Wednesday, Thursday)
☐ August 8-10 (Tuesday, Wednesday, Thursday)	☐ September 19-21 (Tuesday, Wednesday, Thursday)

Please save and email the complete application as an attachment to your supervisor for approval. Reporting details are sent 15 days prior to the start of the class or when capacity is reached, whichever comes first.

Please provide the full names (last, first, MI) of at least three DOD civilians that YOU supervise:

Ratee 1: *Grade:*

Ratee 2: *Grade:*

Ratee 3: *Grade:*

Applicant Signature:

Supervisor Approval

☐ The request above is ***APPROVED*** for attendance at the above location/session.

☐ The request above is ***DENIED***. (Return form to requestor.)

Supervisors Signature:	
Supervisors Name (Last, First, Title/Rank):	
Supervisors Email:	Supervisor Phone: