

# WARREN COUNTY EMPLOYEE TRAINING REGISTRATION FORM

Email: Megan.Holman@co.warren.oh.us  
Phone: 513.695.1597

- Instructions:
1. Complete this form.
  2. Have your director or department head sign this form.
  3. Submit the signed form via email to Megan Holman.

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

County Email Address: \_\_\_\_\_

## SPECIFY COURSE(S) YOU WANT TO ATTEND:

COURSE TITLE	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date