REQUEST FOR PLACEMENT ON EMPLOYMENT TRAINING LIST

For completion by operating department:	
DEPARTMENT	
TRAINEE'S NAME The above named trainee has completed 1040 hours of satisfactory or above on-the-job training work experience. Attached is a completed County evaluation form and a completed County application form. I hereby request that this name be placed on an Employment Training List for the classification of	
Department Head	Date
For completion by CalWORKS/Workforce Inv	restment Act (WIA) Staff:
The above named trainee is currently enrolled program and has completed 1040 hours of or	
CalWORKS/WIA Staff	Date
HRA Agency Personnel Officer	Date
For completion by Central/Decentralized Pers	sonnel:
The above named trainee has met all require per Civil Service Rules, Section V. Examination	ments for placement on an Employment Training List ons.
Central/Decentralized Personnel Analyst	Date
PER3161 11/97 Rev., for Intranet use 2/21/03	3