ADP Training Registration Addendum

In addition to the regular Training Division registration form, please complete this addendum for ADP specific training.

Please review all instructions before completing the form.

APPLICANT INFORMATION – SECTION A

First Name	MI	Last Name	
Job Title		Agency/Bureau/Division	
Have you attended other ADP training sessions?		If yes, which session(s)?	
Work Address (Street, Room, Floor)			Zip Code
Work Phone	Work Fax	Work Email Address	

eTIME INFORMATION – SECTION B

Which eTIME session are you registering for?	Fundamentals Scheduling Xtra	
What is the training date?		
What is primary role in eTIME?	Timekeeper Approver Agency Payroll Manager View Only	
Indicate the agency/location **number** you need to access. **(ex. A83-001)**		Last four digits of SSN# **FOR eTIME TRAINING ONLY**

HRIS INFORMATION – SECTION C

Which HRIS session are you registering for?	Edit User View Only
What is the training date?	
What is your primary role in Human Resources?	
Indicate the agency/location **number** you need to access. **(ex. A83-001)**	

REPORTSMITH INFORMATION – SECTION D

Which ReportSmith session are you registering for?	Accessing Reports
What is the training date?	
Why do you need to access ReportSmith?	
Indicate the agency/location **number** you need to access. **(ex. A83-001)**	

AUTHORIZATION – SECTION E

By my signature, I certify that this employee is authorized by me for ADP training in the course and confirm that this employee has taken the prerequisite courses and/or has demonstrated the level of skill necessary in order to participate successfully in advanced coursework.

Agency Payroll Manager (Name) **FOR eTIME TRAINING ONLY**		Agency Payroll Manager (Signature) **FOR eTIME TRAINING ONLY**	
Work Phone	Work Fax	Work Email Address	
Human Resources Officer (Name) **FOR HRIS and REPORTSMITH**		Human Resources Officer (Signature) **FOR HRIS and REPORTSMITH**	Job Title
Work Phone	Work Fax	Work Email Address	