



ADP and HRIS Training Registration
ADDENDUM FORM



In addition to the class registration, all registrants for ADP: Time and Attendance, HRIS: Edit User, and HRIS: View Only/ ReportSmith MUST submit this ADDENDUM form to DHR Learning & Development (training@baltimorecity.gov or FAX: 410-545-3289) NO later than 5 working days prior to the scheduled class. For questions, call 410-396-1411

Please PRINT

REGISTRANT NAME (First / Last):
Job Working Title: Employee ID# (6 Digits found on your paystub)
Agency: Division/Bureau:
Work Address:
Work Phone: Work Email:

1. For which of the following have you registered? (Check One)

ADP Time & Attendance: Class Date
*List the Last 4 Digits of Your SS#(Required for this ADP class):
What is your primary role in ADP?
HRIS: Edit User: Class Date
What is your primary Human Resources role?
HRIS: View Only / ReportSmith: Class Date
Why do you need access to ReportSmith?

2. Have you previously attended either of the following trainings? (Check Any/All that Apply)

ADP Time & Attendance (Month/Year)
HRIS: Edit User (Month/Year)
HRIS: View Only / ReportSmith (Month/Year)

3. What is your primary role in regards to the class for which you are registered?

- ADP Time & Attendance
HRIS: Edit User
HRIS: View Only / ReportSmith

4. Indicate the agency/location NUMBER you need to access. (ex. A83-001)

Agency/location NUMBER

By my signature below, I certify that the registered employee is authorized by me for the selected ADP or HRIS course and confirm that this employee has taken the pre-requisite courses and/or has demonstrated the level of skill necessary AND has the job related need to participate in the selected class.

For ADP: Time & Attendance Class ONLY:

Agency Payroll Manager Name Agency Payroll Manager Signature
Work Phone: Work Email Address: Date:

AUTHORIZATION FROM YOUR AGENCY HR OFFICER IS REQUIRED FOR ALL ADP AND HRIS CLASS REGISTRATIONS

Human Resources Officer Name Human Resources Officer Signature
Work Phone: Work Email Address: Date: