



STEP

Supervisor Training to Enhance Performance

ENROLLMENT FORM

Please type or clearly print the following information:

Participant's Name _____

Working Title _____

Employee ID _____

Department _____

Campus Address _____

Campus Telephone _____ Fax _____

E-mail Address _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's E-mail _____ Telephone _____

Department _____

Campus Address _____

STEP consists of twelve workshops covering a wide variety of topics and skills. These workshops will be offered on a rotating basis as long as there is customer interest. Hopefully participants' schedules will allow them to take one-three workshops each quarter. It is not necessary to complete the series within any specific amount of time. The signatures below indicate intention to complete the full **STEP** series, and supervisor support to do so.

(participant signature)

(date)

(supervisor signature)

(date)