



MANAGEMENT

1. *Prospective participants make initial contact with their immediate supervisor to attend a workshop. Participant should inform supervisor of the dates and city of a workshop.*
2. *Supervisor's initial determination will be whether or not the section can allow the individual time off to attend a workshop.*
3. *Supervisor refers prospective participants to the Agency Coordinator.*
4. *The Agency Coordinator provides participants with the #521 Reservation Form.*
5. *Participant fills out the form completely, including supervisor's signature indicating approval. Supervisor returns form(s) to the Agency Coordinator to complete part 3 and for signature.*
6. *The agency coordinator retains form #521 on file and completes form 545 to submit to the State Employees' Retirement System. Form #545 may be mailed, faxed, or e-mailed to Field Services Division.**
7. *The participant will receive informational correspondence prior to the workshop.*

PARTICIPANT

1. *The participant must make initial contact with immediate supervisor. Your attendance at the workshop is considered as related to state employment not requiring use of vacation time, personal leave, etc. However, your attendance is subject to management approval.*
2. *The Agency Coordinator will then provide you with a #521 Reservation Form. You must complete Part I & II, even if you intend to use vacation time, personal leave, etc. and the supervisor must sign the form.*
3. *After the Reservation Form is completed with your supervisor's signature, return it to your Agency Coordinator to complete and sign part III.*
4. *The participant will receive a confirmation letter stating the city, date, and time of the workshop. You will also receive a reminder notice 2 weeks prior to the workshop.*

If for some reason we cannot comply with your requested date the SRS office will send an alternate date, if available. If alternate date is scheduled, show this letter to the supervisor and determine whether or not you can attend. If there is no alternative date available, you will receive a rejection notice.

* *Once faxed or e-mailed it is not necessary to mail the original form, this may cause a duplicate registration.*

WORKSHOP RESERVATION FORM

PART I & II - To be completed by employee (Please Print)

PART I

*Check appropriate workshop box

Investing In Your Future

Education for Tomorrow's Choices

Countdown to Retirement

Workshop (Date) _____ at (City) _____
beginning at 8:30 am and continuing through 4:00 pm.

PART II

NAME: Mr./Ms. _____

SOC. SEC. NO: _____ A GUEST WILL ATTEND: Yes No
(If your guest is a state employee check "NO". They must register through their agency retirement coordinator)

HOME ADDRESS: _____
Street

_____ City State Zip Code

HOME PHONE: _____ WORK PHONE: _____
Area Code Area Code

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

UPON COMPLETION OF PART I AND II, SUBMIT FORM TO YOUR AGENCY RETIREMENT COORDINATOR.

Authorization to attend must be completed or form will be returned. See your active statement for you RC's name & phone number.

PART III EMPLOYING DEPARTMENT: _____

DEPARTMENT ADDRESS: _____
Street

_____ City State Zip Code

_____ Agency Coordinator's Signature Date

Note:

If the workshop is full, you will be notified of an alternate date. If no date is available you will receive a rejection notice.

Special arrangements will be made available for persons with disabilities upon request. Retirement Coordinator should indicate which special arrangements are needed for the employee. Requests for a sign language interpreter must be received at least 6 weeks prior to workshop date.