

**Talent Management and Organization Development
Faculty Development – Registration Form – November 2008**

FAX form to 443.997.6867

Name _____ **Personnel Number** _____

JHU Department _____ **JHU Phone** _____ **JHU Fax** _____

JHU Address _____ **E-mail Address** _____

(X)	Course Title	Date	Time	Location
	FLEX Talk: Practical Communications Skills Using MBTI Personality Type Theory (faculty only)	11/4/08	8:30 am – 11:30 am	Suite 2-1000
	Crucial Conversations (faculty only)	11/11/08	8:30 am – 11:30 am	Suite 2-1000
	Leadership Challenges for Women: Overview of Decision-Making and Risk-Taking	11/13/08	9:00 am – 4:00 pm	Room B102
	Time Management: Strategies for Managing Your Day	11/13/08	9:00 am – 4:00 pm	Suite 2-1000
	Managing Multiple Priorities	11/19/08	9:00 am – 4:00 pm	Room B102
	Speak Like a Pro	11/19/08	9:00 am – 4:00 pm	Room B101
	Speak Like a Pro (faculty only)	11/21/08	8:30 am – 3:30 pm	Suite 2-1000

Location Key: **Suite 2-1000 – 2024 E. Monument Street** **Room B101/B102 – 1101 E. 33rd Street**

Budget Authorization (Registration will not be processed without a valid cost center number, internal number, check, or money order.)

Please check the box that applies to your employment status.

I am a full- or part-time university employee. Charge this internal order or cost center number if I do not attend, (and fail to cancel with seven day's notice), arrive too late to join a class that is already in progress, or fail to complete the full session.

I am NOT employed by the university but work in a department that has a university internal order or cost center number. Charge the cost of my training to this number.

I am a non-university employee. I have attached a copy of my check requisition or personal check, made payable to *The Johns Hopkins University*, and mailed it to the Project Management Office of Talent Management and Organization Development, 1101 E. 33rd Street, Suite C130, Baltimore, MD 21218.

Please provide one of the required forms of budget information:

SAP Internal Order number _____ Signature _____

OR

SAP Cost Center number _____ Signature _____

Only internal order and cost center numbers of non-sponsored accounts will be accepted for registration.

Supervisory Approval (Supervisory approval is required to release staff for time away from the office.)

Supervisor's Name _____ Supervisor's Signature _____

By signing above, I accept and understand the Staff Development Remission policy.

Please allow a 48-hour turnaround time for your confirmation notices. Confirmation notices will be sent via the information listed on this form. Courses for which faculty/staff register and attend are charged to staff development remission. The departmental cost center number authorized on this form will be charged if a faculty/staff member registers but does not attend and cancel without at least one week's notice or arrives after the start of the session.

Questions? Please contact:

Talent Management and Organization Development Project Management Office
1101 E. 33rd Street, Suite C130, Baltimore, MD 21218 / Phone 443.997.6811 / FAX 443.997.6867