City of Albuquerque

Employee Learning Center

1 Civic Plaza NW

Basement, City Hall

(T) 505-768-3200

[employeelearningcenter@cabq.gov](mailto:employeelearningcenter@cabq.gov)

Registration forms must be submitted via email.

**Training Registration and Approval Form**

A picture containing wheel

Description automatically generated

**Program:** Supervisor Development Program

**Time:** 9:00am – 5:00pm every Wednesday for 8 weeks

**Location:** Employee Learning Center, Basement of City Hall

**Cost:** $200 per participant

**Session Dates(Please select one):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SDP 24-1** | **SDP 24-2** | **SDP 24-3** | **SDP 24-4** | **SDP 24-5** |
| 07/12/2023-  08/30/2023 | 09/13/2023-  11/01/2023 | 01/03/2024-  02/21/2024 | 02/28/2024-  04/17/2024 | 04/24/2024-  06/12/2024 |
|  | | | | |
| **Participant Information** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Employee ID #: |  |
| Department: |  | Division: |  |
| Job Title: |  | Grade: |  |
| Work Phone: |  | Work Email: |  |
| Date of Hire: |  | Supervisor position start date: |  |
| **Supervisor Information** | | | |
| Supervisor: | Supervisor’s Initials: | | |
| Work Email: |  | Work Phone: |  |
| **Funding Source** | | | |
| Fund: |  | Account #: |  |
| Department #: |  | PC Bus. Unit: |  |
| PC Project: |  | PC Activity: |  |
| Source Type: |  | | |

**Requirements:** The Director’s signature serves as approval for fees and attendance.

Director’s Name (Print) Director’s Signature Date

Please return completed signed form to [employeelearningcenter@cabq.gov](mailto:employeelearningcenter@cabq.gov)