TRANSIT SUPERVISOR
CERTIFICATION COURSE  (FT00545)
May 5-9, 2008  South Daytona, Florida

COURSE OVERVIEW
This course is designed to assist new and veteran front line supervisors to effective implement their human resource management responsibilities. The fundamentals and regulatory responsibilities of supervision will be addressed, as well as day-to-day operations. The course will help you define and effectively perform your responsibilities as a transit supervisor.

WHO SHOULD ATTEND
All levels of managers and supervisors, both new and veteran.

WHAT YOU WILL LEARN
- Discussion on ethics in the workplace
- Analyze reasonable suspicion drug and alcohol testing procedures
- Discuss the prevention of sexual harassment in the workplace
- Analyze issues in scheduling and dispatch
- Learn the art of verbal and nonverbal communication
- Discuss the Supervisor’s role in the ADA Act
- Assess discipline and grievance procedures
- Discover how a Supervisor’s customer service role differs form that of a coach operator
- Troubleshoot vehicle problems

REGISTRATION INFORMATION
The $60 registration fee for this 5-day course will be paid by the FDOT Statewide Transit Training & Technical Assistance Program. Space is limited, so please register early to avoid disappointment. We request no more than 2 participants from each agency; a waiting list for additional registrants will be generated. A confirmation letter will be forwarded to each registrant with schedule and hotel information. Cancellations must be made 15 business days before class. The deadline for registration is Friday, March 10, 2008.

If you would like to attend this session, fill out the form below, and fax to reserve your seat.

Center for Urban Transportation Research
Attn:  Molly Buffington
University of South Florida
4202 E. Fowler Ave-CUT100
Tampa, Fl 33620
(813) 974-3120
(813) 974-5168 fax
buffington@cutr.usf.edu
REGISTRATION FORM TO ATTEND
TRANSIT SUPERVISOR’S CERTIFICATION COURSE (FT00545)
MAY 5-9, 2008
SOUTH DAYTONA, FLORIDA

REGISTRANT’S NAME ________________________________________________________________

JOB TITLE _______________________________________________________________________

MAJOR DUTIES & RESPONSIBILITIES
______________________________________________________________________________
______________________________________________________________________________

SUPERVISORS NAME ____________________________________________________________

EMPLOYER ______________________________________________________________________

ADDRESS _______________________________________________________________________

CITY ___________________________________________ STATE_______ZIP________________________

PHONE ___________________________________________________________________________

FAX _____________________________________________________________________________

EMAIL ___________________________________________________________________________

COURSE TITLE/CLASS NUMBER _______________________________________________________

IS YOUR EMPLOYER AN FTA GRANT RECIPIENT OR SUB-RECIPIENT?

YES □  NO □

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