TRANSIT SUPERVISOR CERTIFICATION COURSE  (FT00545)

July 9-13, 2007   Tampa, Florida

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

Participants will review the Americans with Disabilities Act, the Family Medical Leave Act, and the Affirmative Action Equal Opportunity Employment Act and how each Act is utilized in the workplace.

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

REGISTRATION INFORMATION
The $50 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, June 1, 2007.

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
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REGISTRATION FROM TO ATTEND
TRANSIT SUPERVISOR’S CERTIFICATION COURSE (FT00545)
JULY 9-13, 2007
TAMPA, 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 □