

Employee Training Approval Form (ETAF) for Workforce Training Center (WTC)

Employee Name: _____
(Please Print or Type)

CNM ID #: _____ Department: _____

Work Phone: _____ Department Cost Account#: _____

Department Contact/
Control Agent Name: _____ Extension: _____ Email: _____

The CNM employee named above hereby requests permission to enroll in the following CNM Workforce Training Center workshop(s). When authorized by the three appropriate signatures below, the workshop fee(s) will be debited from the above department account and credited to the revenue account of the Workforce Training Center.
Note: A transcript record of this training is available to the employee through the WTC registration system (Lumens). Be aware that incomplete forms will be returned to your department and will delay your registration.

Faculty: Staff:

Workshop Name(s)	Date(s)	Day(s)	Time(s)	Location(s)	Fee(s)

Employee Signature: _____ Date: _____

Approval of Manager/Supervisor: _____ Date: _____

Approval of Control Agent _____ Date: _____

For Office Use Only
WTC Account #:

Please submit your completed and signed form to:

WTC Registration
CNM Workforce Training Center
Direct 224-5206 • FAX 224-5205 • workforce@cnm.edu



Central New Mexico Community College