



CITY OF OMAHA SEMINAR ATTENDANCE FORM

INSTRUCTIONS: Please type or print and return to the Human Resources Department as soon as seminar (workshop, conference, short course, or other training program) is completed to verify attendance and ensure entry in your computerized Training Record.

EMPLOYEE ID NUMBER:

NAME:

DEPARTMENT:

PROGRAM TITLE:

PROGRAM DATE(S):

LENGTH OF PROGRAM:

If the City paid the registration fee, the amount paid was:

Signature

Date