

Substitution Request:

*Substituting for: _____

Materials were transferred to me: Yes No

*Session Name: _____

*Session Location: _____

*Session Date: _____

*LEAD Certificate Track: _____

OPM

Center for Leadership Development

register@opm.gov

Phone: 304-870-8008 (press "0")

Fax: 304-870-8078

* Required Field

Participant will receive e-mail confirmation once registration has been completed.

Participant Information for Substitution:

*First Name: _____ *Middle Initial: _____ *Last Name: _____

NOTE: If you do not have middle initial please put in a Hyphen/dash (-)

*GS Grade or Equivalent: _____

*Job Title: _____

*Agency / Organization: _____

*Sub Agency / Division: _____

*Agency Mailing Address: _____

*Number & Street / PO Box: _____

*Floor/Suite/Room: _____ * Mail Code: _____

*City: _____ *State: _____ *Zip Code: _____

*Business Phone: _____ *Business FAX: _____

*E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Special Information: (Special Needs)

All registrations are final and nonrefundable. You will receive e-mail confirmation of your registration once approved. A request for a substitution of a participant may be made up to **Two weeks** prior to the beginning of a course and may be approved if pre-course work can be completed. For assessment program registrations, a minimum of **Four weeks** lead time is required. Requests for transfer to another program or session of equal value may be approved up to **Four weeks** prior to the start date of the program.