



**CSET Preparatory Session and/or Test Registration
for Human Resource Services Approval**

Please fill out the information listed below and return to the attention of:
Cancy McArn, Director, Human Resource Services, Box 770.

Name:	
Street Address:	
City/State/Zip Code:	
Position Title:	
School/Department:	
Work Phone:	Last Four Digits of Social Security Number:
I would like to register for: <input type="checkbox"/> CSET Preparatory Session and Test <input type="checkbox"/> CSET Test Only	
Signature:	Date:

For Human Resource Services Use Only

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| <p><input type="checkbox"/> Approval of CSET Preparatory Session and Test</p> <p><input type="checkbox"/> Denied CSET Preparatory Session and Test</p> <p><input type="checkbox"/> Notification Letter Sent to Employee</p> <p><input type="checkbox"/> Receipt Received _____ (date)</p> <p><input type="checkbox"/> Copy of Evidence of CSET Completion _____ (date)</p> <p><input type="checkbox"/> District to Reimburse Employee; Receipt Number _____</p> <p><input type="checkbox"/> Sent to Accounts Payable _____ (date)</p> | <p><input type="checkbox"/> Approval of CSET Test</p> <p><input type="checkbox"/> Denied CSET Test</p> |
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