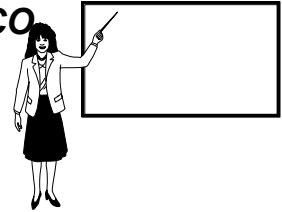


**OWCP PACIFIC REGION - SAN FRANCISCO
FEC PROGRAM**



**Training For Federal Employing Agency
Compensation Specialists
3-Day Basic ICS Workshop**

ENROLLMENT FORM: Complete the information below (print clearly).

Please enroll the employee named below in the 3-day workshop scheduled in San Francisco for _____ (dates). This employee has primary responsibility for handling Federal workers' compensation claims at _____ (name of agency).

Authorizing Official's Signature: _____

Title: _____ Date: _____

Employee's Name: _____

Job Title: _____

Phone/Fax/Email Addr: _____

Employee's injury compensation duties/responsibilities are (briefly): _____

Employee has been performing the above duties for approximately _____ (months/years).

Send enrollment acknowledgment to:

*OWCP's return address is printed below
Make sure you send it to **ATTN: Technical Advisor/EA Training, 3-Day Workshop.**
To expedite the enrollment,
fax it to 415-625-7450 **ATTN: Technical Advisor/EA Training, 3-Day Workshop.***

United States Department of Labor
ESA/Office of Workers' Compensation Programs
90 Seventh Street, Suite 15300
San Francisco, CA 94103-6716