

**OWCP REGION VI - DALLAS
FEC PROGRAM**

**Training for Federal Employing Agency
Compensation Specialists
Basic ICS Workshop**

ENROLLMENT FORM: Complete the information below (print /type)

Please enroll the employee named below in the ICS workshop scheduled in Dallas.

___ October 06-08, 2003	___ January 06-08, 2004	___ April 06-08, 2004
___ November 04-06, 2003	___ February 03-05, 2004	___ May 04-06, 2004
___ December 02-04, 2003	___ March 02-04, 2004	___ June 01-03 2004

Mark 1 for primary choice and 2 for alternate choice. This employee has primary responsibility for handling Federal Workers' Compensation Claims at:

Name of Agency: _____

Agency Address: _____

Authorizing Official's Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Employee Name: _____

Job Title: _____

Grade: _____

Telephone Number: _____ **E-mail address:** _____

Government Employee Yes NO

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

Send to ATTN: Cheryl Beasley/3-Day Workshop

To expedite the enrollment

Fax to (972) 850-2401/phone (972) 850-2409, **ATTN: Cheryl Beasley/3- Day Workshop**