

**District 16 - Dallas**  
**FEC PROGRAM**  
**Training For Federal Employing Agency**  
**Injury Compensation Specialists**  
**2-Day Basic ICS Workshop**

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

Please enroll the employee named below in the 2-day workshop scheduled in Dallas for \_\_\_\_\_ (dates). This employee has primary responsibility for handling Federal workers' compensation claims at \_\_\_\_\_ (name of agency).

*Authorizing Official's Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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**Employee's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

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

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*The address of the Dallas district office is printed below*

*Please email your enrollment form to OWCP-DFEC-DAL-TRAINING-REQUESTS-ALL*

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United States Department of Labor  
Office of Workers' Compensation Programs  
DFEC District 16  
525 South Griffin Street, Room 100  
Dallas, TX 75202