

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: _____

Employee's Name: _____

Job Title: _____

Phone: _____

FAX: _____

Email: _____

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

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

The address of the Dallas district office is printed below

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

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