



US DEPARTMENT OF LABOR  
OFFICE OF WORKERS' COMPENSATION PROGRAMS  
DIVISION OF FEDERAL EMPLOYEES' COMPENSATION  
SEATTLE DISTRICT OFFICE



**ENROLLMENT FORM FOR FEDERAL EMPLOYING AGENCY COMPENSATION SPECIALISTS TRAINING**

PARTICIPANT INFORMATION					
Name:				Job Title:	
Phone:			Email:		
Department or Agency:					
Street:					
City:		State:		Zip:	
OWCP Agency Chargeback Code:					
Area You Serve:					
Months/ Years of Experience:					
Specific interests/ concerns for training:					
Dates of the Training you plan to attend:					
Supervisor's Name:				Supervisor's Email:	

EMAIL YOUR COMPLETED FORM AND OTHER TRAINING INQUIRIES TO:

[OWCP-DFEC-SEA-TRAINING-REQUESTS-ALL@dol.gov](mailto:OWCP-DFEC-SEA-TRAINING-REQUESTS-ALL@dol.gov)

Customer Service Telephone: (206) 470-3100