

# USF STAFF REGISTRATION FORM

Staff member to complete sections A and B.

## A. PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_  
Tampa Campus Mail Drop: \_\_\_\_\_  
Mailing Address (if not on Tampa campus): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Will you be requesting accommodations of a disability? Yes No

## B. COURSE INFORMATION

Session: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dates: \_\_\_\_\_ Times: \_\_\_\_\_ Fees: \_\_\_\_\_

## C. PAYMENT INFORMATION

All payments must be authorized by accountable officer and enrollment approved by immediate supervisor.  
Complete the interdepartmental transfer payment information.

### Interdepartmental Transfer

Business Unit: \_\_\_\_\_  
Budget Period: \_\_\_\_\_  
Operating Unit: \_\_\_\_\_  
Department: \_\_\_\_\_  
Fund\*: \_\_\_\_\_  
Account: \_\_\_\_\_  
Product: \_\_\_\_\_  
Initiative: \_\_\_\_\_

### Project Information (complete only if grant funded)

Project Code Bus.Unit: \_\_\_\_\_  
Project: \_\_\_\_\_  
Activity ID: \_\_\_\_\_  
Resource Type: \_\_\_\_\_  
Resource Category: \_\_\_\_\_  
Resource Subcategory: \_\_\_\_\_

\*If grant funded then project information must be completed.

## D. AUTHORIZATION

### Accountable Officer Authorization

**Registration will not be processed if funds are not budgeted.**

All funds must be available in budget category 88800 or corresponding grant category.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

### Immediate Supervisor Approval

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If the registered employee is unable to attend a class, the employee's supervisor may request a withdrawal or substitution via an email request to [cewithdrawal@usf.edu](mailto:cewithdrawal@usf.edu). Email completed form to: [InEd-Registration@usf.edu](mailto:InEd-Registration@usf.edu) or print and send to USF Continuing Education Registration, LIB608