



# Automated Position Designation Tool Class

## Registration Form

Please complete this form and return it by email to **FISAgencyTraining@opm.gov**. Depending on class availability, we will respond with a confirmation email and additional information or a list of available class dates.

### Contact Information

Name		Work Phone #:	
Agency			
Branch/Component		Human Resources <input type="checkbox"/> (or) Security <input type="checkbox"/>	
E-mail Address		Training Date Preferred	
Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , Notate Company Name	

1. What method does your agency currently use to designate positions?