TO: SDSD District and Unit Managers
    AAA Directors

SUBJECT: Electives which build on Foundation Classes
    January 2001 - June 2001
    Cross-Reference SDSD-IM-00-118

Attachments:
   ¤ Descriptions of Electives including cost, dates, and location of workshops
   ¤ Registration Form - this supplements information about payment as contained in this SDSD-IM.

INFORMATION: The Department of Administrative Services, Training and Organization Development, is offering a number of electives which build on Foundation training. These electives are designed to build skills and improve leadership competencies. They are interactive and relate directly to work as a manager. The attachment describes the course, cost, location and dates of workshops.

REGISTRATION/PAYMENT: The registration form is attached (and may be copied as needed). The registration fee includes instructions, all materials, conference facilities, coffee breaks and follow-up consultations as needed.

MSO and DSO units, Type B Contract Agencies and SDSD Central Office staff who wish to attend an elective should complete the attached registration form and submit to:
Lucille Pugh, Employee Development and Training, SDSD.

Type A AAA’s and Type B Transfer offices may send the completed registration form with payment or Purchase Order directly to Department of Administrative Services, Training and Organization Development, 155 Cottage St NE, Salem, OR 97310, attn: Jan Miller (378-6334).
DAS will acknowledge all registrations and will provide additional pertinent information about
the elective, such as time and place of training.

**CONTACT PERSON:** Lucille Pugh
(503) 945-5834
Fax: (503) 373-7902

Technical/general information - Jan Miller (DAS) - (503) 378-6334

cc: Lucille Pugh
Jan Miller
<table>
<thead>
<tr>
<th>Session (09)</th>
<th>Jan 11 - Salem</th>
<th>Organizing and Conducting Legislative Presentations</th>
<th>Project #530030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session (10)</td>
<td>Feb 8 - Salem</td>
<td><em>Target Participant: Entry supervisor-middle management</em>&lt;br&gt;Organizing and delivering effective presentations to the Legislature is a key requirement for Oregon managers. This eight-hour class is lecturette, discussion, a presentation by a current legislator, and videotaping of participants.</td>
<td><strong>Cost: $175 per participant (Class limited to ten participants)</strong></td>
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<tr>
<td>Session (10)</td>
<td>March 6 - Salem</td>
<td>Selection Interviewing</td>
<td>Project #530040</td>
</tr>
<tr>
<td>Session (11)</td>
<td>June 12 - Salem</td>
<td><em>Target participant: Mid-upper level management or just entering state service</em>&lt;br&gt;This one-day class provides essential tools for managing individual employee performance: creating and agreeing on work expectations, providing regular coaching and feedback, and documenting and disciplining if there are performance deficits, appraising performance and providing recognition and rewards.</td>
<td><strong>Cost: $120 per participant.</strong></td>
</tr>
<tr>
<td>Session (05)</td>
<td>April 26 - Salem</td>
<td>Creating Performance Accountability</td>
<td>Project #530070</td>
</tr>
<tr>
<td>Session (07)</td>
<td>March 29 - Salem</td>
<td>Coaching for Results</td>
<td>Project #530090</td>
</tr>
<tr>
<td>Session (08)</td>
<td>June 14 - Salem</td>
<td><em>Target participant: All levels</em>&lt;br&gt;Effective coaching assists employees to do their very best work. Coaching includes clearly communicating work expectations, providing regular, honest feedback, recognizing and supporting good work, and constructively confronting behavior that detracts from work effectiveness. Both individual and team coaching are addressed in this seven hour interactive class.</td>
<td><strong>Cost: $120 per participant.</strong></td>
</tr>
</tbody>
</table>
Department of Administrative Services
Training and Organization Development
Registration Form

Participant __________________________ Position __________________
Agency ____________________________ Agency Number __________________
Participant office address _________________________________________________________
Participant office telephone __________________ Fax __________________________
E-mail address ___________________________________________________________________

Do you need accommodation to fully participate in the class? Please specify _______________
Agency Billing Contact ____________________________________________________________
Agency Billing Address ___________________________________________________________
Telephone ______________________________________ Fax __________________________

Your current position
___ Executive Service (supervising) ___ Lead Worker
___ Executive Service (non-supervising) ___ Training or Human Resource Officer
___ Management Service (supervising) ___ Other — please specify:
___ Management Service (non-supervising) _________________________________________

How many years of supervisory experience have you had? __________
Have you had previous supervisory or management training? Yes __ No __ If so, where? __________

Sex: ___ Female Ethnicity: ___ White ___ African-American ___ Native American
___ Male ___ Asian ___ Pacific Islander ___ Hispanic ___ Other
___ Person with a disability

(This is voluntary information and is used for Affirmative Action reporting.)

Identify three learning or developmental areas—either content areas (“I’d like to know more about legal responsibilities of supervision”), or behavior/skill areas (“I’d like to get better at interviewing”), in which you hope to improve as a result of participating in Core, Encore, or the elective(s) you have selected.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

DAS Training and Organization Development enhances individual and team effectiveness across Oregon state government by providing quality consulting and training services in areas of common need.

Please complete registration form on reverse side.
REGISTRATION FORM - Training Fees (per participant):

<table>
<thead>
<tr>
<th>Project #</th>
<th>Date</th>
<th>Phase #</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>530000</td>
<td></td>
<td></td>
<td>Core (This is a four-day session.)</td>
<td>$350.00</td>
</tr>
<tr>
<td>530010</td>
<td></td>
<td></td>
<td>Encore (This is a two-and-one-half day session.)</td>
<td>$300.00</td>
</tr>
<tr>
<td>530110</td>
<td></td>
<td></td>
<td>New Executive/Board Commission Member Orientation NC</td>
<td></td>
</tr>
<tr>
<td>530030</td>
<td></td>
<td></td>
<td>Organizing and Conducting Legislative Presentations</td>
<td>$175.00</td>
</tr>
<tr>
<td>530040</td>
<td></td>
<td></td>
<td>Selection Interviewing</td>
<td>$120.00</td>
</tr>
<tr>
<td>530070</td>
<td></td>
<td></td>
<td>Creating Performance Accountability</td>
<td>$120.00</td>
</tr>
<tr>
<td>530090</td>
<td></td>
<td></td>
<td>Coaching</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

Total __________

**Cancellations:** Class registrants are expected to attend. A registration may be cancelled with no penalty prior to one calendar week before the start of the class. Agencies will be assessed the full fee for participants who cancel within one week prior to the class or who register and do not show up. An alternate may attend in these circumstances.

**PLEASE INDICATE METHOD OF PAYMENT . . .**
Payment information must be complete for registration to be accepted

1. Payment attached
   - Check/Warrant# _______________ Project # ___________ Phase # ______

2. SFMS transfer
   - Transfer information: 107 (ONE PAYMENT PER ATTENDEE, PLEASE) (REFERENCE NAME)
   - Tcode: 722/723
   - PCA: 65810
   - Agency Object: 1010
   - Project #: __ __ __ __ __ (please refer to calendar and fill in completely)
   - Phase #: __ __ __ __ __ (please refer to calendar and fill in completely)

Employee __________________________ Agency __________________________ Today’s Date __________________________

Agency billing contact (must be completed to register) __________________________ Billing contact phone __________________________

Please return this completed form and payment to Department of Administrative Services, Training and Organization Development, 155 Cottage St. NE, Salem, OR 97310. Attention: Jan Miller (378-6334), or fax to 378-5731.

**Registration is not complete until payment is received.**
Confirmation and class materials will be mailed to participants approximately three weeks prior to class.