



CSC use only
REQUEST#:
Expiration date: 6/30/2016

REQUEST FOR SKILLSOFT SUBSCRIPTION
STATE OF NEW JERSEY
NJ CIVIL SERVICE COMMISSION

PO Box 318, Trenton, NJ 08625-0318
Phone: (609) 777-2225, Fax: (609) 777-2336

INSTRUCTIONS: This form may be used to request Skillsoft subscriptions.
Fax completed training requests to CSC at (609) 777-2336 or e-mail to CLIPtraining@csc.state.nj.us

NUMBER OF SUBSCRIPTIONS REQUESTED	DEPARTMENT/ORGANIZATION
_____ Skillsoft eLearning Course Catalog (\$108.00 each) <ul style="list-style-type: none"> • Business Courseware • IT Courseware • Desktop Courseware _____ Legal Compliance (\$60.00 each) _____ Leadership Advantage (\$108.00 each) *For non-licensed LMS users, there is a \$20.00 license fee in addition to the cost of the Skillsoft subscription.	Department/Organization: Billing Address: (Street, City, Zip code)
<input type="checkbox"/> Check here if new user* _____ Number of new users	Billing Contact Name: Billing Contact E-mail:
Total Subscription Cost: \$ _____	Billing Phone#:

LEARNER INFORMATION	
Name: (Last, First and Middle Initial)	Employee ID:
Title:	Phone#:
Work Address: (Street, City, Zip Code)	
E-mail:	<input type="checkbox"/> Check here if additional learners and complete attached spreadsheet

PAYMENT (Non-State Agencies)

Please make checks payable to New Jersey Civil Service Commission.
Send checks and completed form to the address above. Attention: Fiscal

Billing Information (State Agencies Only)							
Intra-Governmental Fiscal Year:	Intra-Governmental Fund (3):	Intra-Governmental Agency (3):	Intra-Governmental Organization (4):	Intra-Governmental Appropriation Unit (3):	Intra-Governmental Object (4):		
Intra-Governmental Activity (4):	Intra-Governmental Job/Project Number:	Intra-Governmental Reporting Category:	Intra-Governmental Order Number Trans Code:	Intra-Governmental Order Number Referenced Trans Agency (3):	Intra-Governmental Order Number Referenced Document (10):	Intra-Governmental Order Number Referenced Line#	Sub-org:

SUPERVISORY APPROVAL	DEPARTMENTAL APPROVAL
Title: _____	Title: _____
_____ <i>Printed Supervisor Name</i> <i>Date</i>	_____ <i>Printed Supervisor Name</i> <i>Date</i>
(Signature) _____	(Signature) _____