

PLEASE PRINT CLEARLY IN INK OR TYPE

INSTRUCTIONS: Complete this form annually with reporting fiscal year information as requested and submit it to the Department of General Services at the address listed below by September 1st. Please see Management Memo 11-04 for additional information.

Agency/Department (no acronyms)		Reporting Fiscal Year (FY)	
Annual Reporting			
Number of employees in Agency/Department			
Number of employees <i>requiring</i> DDT (reporting FY)			
Number of employees <i>completing</i> DDT (reporting FY)			
Location of Training Records			
Agency/Department Contact Information			
Contact Person		Title	
Phone Number		Email Address	
Mailing Address			
Read and Sign			
<i>I certify the information contained herein is true and correct to the best of my knowledge.</i>			
Authorized Signature		Printed Name and Title of Person Signing	Date
DGS USE ONLY			
Approved By		Date Received	Date Approved

NOTE: FORMS ARE DUE ANNUALLY ON SEPTEMBER 1ST FOR THE REPORTING FISCAL YEAR

MAIL COMPLETED FORMS TO:
 Department of General Services
 Office of Risk and Insurance Management
 Attn: Statewide Health and Safety
 707 3rd Street, First Floor
 West Sacramento, CA 95605