



**Personnel Administrator Certification Registration Form**

***Personnel Administrator:***

Your signature below indicates your commitment to completing Personnel Administrator (PA) Certification. Part of that commitment includes a conversation with your supervisor to determine your learning goals as they relate to your Employee Work Profile (EWP) and PA Certification.

In consultation with your supervisor, list below specific learning goals and how you will apply them as you participate in and complete the PA Certification process. Attach another page if you need more space.

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|  |  |  |
| Personnel Administrator *– print name* |  |  |
|  |  |  |
|  |  |  |
| Personnel Administrator – *signature* |  | Date |

***Supervisor:***

Your signature below indicates your understanding of the value of the PA role and your support of your PA becoming an educated HR resource for your department’s faculty and staff.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor – *signature* |  | Date |

***Return completed registration form to:***

VCU Training & Development

P. O. Box 842511 or traindev@vcu.edu