



U.S. Office of Personnel Management

Center for Leadership Development

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Complete this form to substitute a participant for a class offered on leadership.opm.gov.

*Denotes required field

All registrations are final and nonrefundable. You will receive e-mail confirmation of your registration once approved. A request for a substitution of a participant may be approved **on a case-by-case basis** and is dependent on multiple factors including the ability to complete pre-work. Requests for transfer to another program or session of equal value may be approved on a case-by-case basis.

Substitution Information

Name of Participant Being Substituted*

Class Name*

Class Location* Class ID* Dates*

Materials were transferred to me: *(Select one)* Yes No

New Participant Information

Participant will receive e-mail confirmation once payment is received and approved, and registration has been completed.

First Name* Middle Initial* Last Name*

Note: If no middle initial, please enter a hyphen/dash (-)

Job Title* GS Grade or Equivalent*

Agency/Organization*

Subagency/Division

Work Mailing Address*

Street Address* Floor/Suite/Mailstop

City* State* Zip Code*

Work Phone* Email*

Special Accommodations