

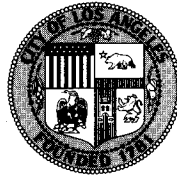
CITY OF LOS ANGELES

CALIFORNIA

LILLIAN KAWASAKI
GENERAL MANAGER

COMMUNITY DEVELOPMENT
DEPARTMENT

215 W. 6TH STREET
LOS ANGELES, CA 90014



JAMES K. HAHN
MAYOR

RESPOND BY JANUARY 18, 2002

TIME SENSITIVE

To: All City of Los Angeles WorkSource California Centers and WDD staff
From: Ann Giagni, Workforce Development Division
Subject: **WDD TRAINING BULLETIN NO. 02-28**
ORIENTATION TO WORKFORCE DEVELOPMENT

The Community Development Department will be hosting a one-day training seminar entitled "**ORIENTATION TO WORKFORCE DEVELOPMENT**" facilitated by The Local Training Response Unit of the Workforce Investment Division, State of California, Employment Development Department. **This course is designed for new WorkSource Career Center staff.** The course will introduce new employees to key concepts and terms in workforce development systems. Content includes funding streams, performance issues, acronyms, system components and a general overview of the Workforce Investment Act. There will be three separate training sessions with a maximum of 40 participants per session. **All training will take place at Community Development Department, 215 West 6th Street, Los Angeles, CA 90014 3rd Floor Conference Room.**

TRAINING DATES:

SESSION ONE:

Date: Tuesday, January 29, 2002
Time: 9:00 A.M. – 4:00 P.M.

SESSION TWO:

Date: Wednesday, January 30, 2002
Time: 9:00 A.M. – 4:00 P.M.

SESSION THREE:

Date: Thursday, January 31, 2002
Time: 9:00 A.M. – 4:00 P.M.

Each agency may nominate three (3) participants. Seating is limited. The seminar will be filled on a first-received basis, so please fax the nomination form below to Brenda Richmond at (213) 473-5553 **no later than January 18, 2002.** Call in nominations will not be accepted. We will fax your placement confirmation(s) to you. **PLEASE DO NOT SEND A PARTICIPANT WITHOUT CONFIRMATION.** If you have any questions, please contact Ida Rubio at (213) 485-0405.

| | |
|----------------------------|--------------|
| Agency _____ | Date _____ |
| Training Coordinator _____ | |
| Tel No. _____ | Fax No _____ |
| Participants: 1. _____ | |
| 2. _____ | |
| 3. _____ | |



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