



Florida's Statewide Transit Training and Technical Assistance

## TRANSIT SUPERVISOR CERTIFICATION COURSE (FT00545)

May 5-9, 2008 South Daytona, Florida

### COURSE OVERVIEW

This course is designed to assist new and veteran front line supervisors to effectively implement their human resource management responsibilities. The fundamentals and regulatory responsibilities of supervision will be addressed, as well as day-to-day operations. The course will help you define and effectively perform your responsibilities as a transit supervisor.

### WHO SHOULD ATTEND

All levels of managers and supervisors, both new and veteran.

### WHAT YOU WILL LEARN

- Discussion on ethics in the workplace
- Analyze reasonable suspicion drug and alcohol testing procedures
- Discuss the prevention of sexual harassment in the workplace
- Analyze issues in scheduling and dispatch
- Learn the art of verbal and nonverbal communication
- Discuss the Supervisor's role in the ADA Act
- Assess discipline and grievance procedures
- Discover how a Supervisor's customer service role differs from that of a coach operator
- Troubleshoot vehicle problems

### REGISTRATION INFORMATION

The \$60 registration fee for this 5-day course will be paid by the FDOT Statewide Transit Training & Technical Assistance Program. Space is limited, so please register early to avoid disappointment. We request no more than 2 participants from each agency; a waiting list for additional registrants will be generated. A confirmation letter will be forwarded to each registrant with schedule and hotel information. Cancellations must be made 15 business days before class. *The deadline for registration is Friday, March 10, 2008.*

If you would like to attend this session, fill out the form below, and fax to reserve your seat.

Center for Urban Transportation Research

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**REGISTRATION FORM TO ATTEND  
TRANSIT SUPERVISOR'S CERTIFICATION COURSE (FT00545)  
MAY 5-9, 2008  
SOUTH DAYTONA, FLORIDA**

REGISTRANT'S NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

MAJOR DUTIES & RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

COURSE TITLE/CLASS NUMBER \_\_\_\_\_

IS YOUR EMPLOYER AN FTA GRANT RECIPIENT OR SUB-RECIPIENT?

YES

NO

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