



Office of Human Resources
College Hall Room 150
Phone: 973-720-2887
Fax: 973-720-2090

lynda.com
Registration Form

Employee Name: _____ Banner ID#: _____
(Please print)

Department: _____ Division: _____

Payroll Title: _____ Full-Time Part-Time

Course Type: Software: _____ Business: _____
(Please list course name/s)

As a condition of use, I agree that I will not share my lynda.com user name/password with any other person.

Employee Signature: _____

Once approved, the employee will receive an email from lynda.com with logon instructions. Access to lynda.com will be granted for a period of two (2) weeks.

Authorizing Supervisor:

By signing this form I acknowledge that employees governed by CWA, IFPTE and Law Enforcement union contracts must be accorded time during the workday to complete approved course work.

Supervisor Signature: _____ Date: _____
(Please print) (Please sign)

Please fax registration form to extension 2090, or scan and email to HUMANRESOURCES@wpunj.edu

HR use only:

Access time period _____ to _____

HR Authorization: _____ Date: _____

c: Employee
Supervisor