

human resources

REQUEST FOR ASSISTANCE

Please provide the information requested below and return to the Chamber.

A representative will contact you with the name of a mentor who has volunteered to assist you with any HR questions you may have.

Requestor Information:

Your Name: _____

Title: _____

Company Name: _____ No. of Employees _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

Type of Service Requested: (please check categories)

- | | | |
|--|--|---|
| <input type="checkbox"/> Recruiting, Selection and Retention | <input type="checkbox"/> Management Practices | <input type="checkbox"/> Employee and Labor Relations |
| <input type="checkbox"/> Benefits Administration | <input type="checkbox"/> Training and Development | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Compensation and Reward Systems | <input type="checkbox"/> Safety, Health and Wellness | <input type="checkbox"/> HRIS/Technology/Software |
| <input type="checkbox"/> Work/Life Issues | <input type="checkbox"/> Incumbent Worker Program | |

Would you like to be placed on our mailing list for upcoming Human Resources events? Yes No
If yes, how would you like us to notify you? Email Fax Mail

Would you like information on the Chamber's Human Resources Committee? Yes No

Please provide a brief statement summarizing the nature of assistance you are requesting:

***NOTE: THIS ASSISTANCE IS PROVIDED FOR GENERAL INFORMATION PURPOSES ONLY. IT IS NOT A SUBSTITUTE FOR LEGAL OR OTHER PROFESSIONAL ADVICE.

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