REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02

☐ Initial or Resubmission ☐ Correction or Cancellation

Section A -- TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example - born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area Code and Number

6. Position level *(Mark (X) one only)*
- ☐ a. Non-supervisory
- ☐ b. Supervisory
- ☐ c. Manager
- ☐ d. Executive

7. Organization mailing address *(Branch-Division/Office/Bureau/Agency)*

8. Office telephone — Area Code, Number and Extension

9. Continuous civilian service — Years / Months

10. Number of prior non-government training days

11a. Position title/function

11b. Applicant handi-capped or disabled *(See instructions)* ☐

12. Pay Plan/series/ grade/ step

13. Type of appointment

14. Education Level

Section B--TRAINING COURSE DATA

15a. Name and Mailing address of training vendor (No., street, city, State, ZIP Code)

15b. Location of training site *(If same, mark box)* → ☐

16. Course title and training objectives *(Benefits to be delivered by the Government)*

17. Catalog/Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	

20. Training codes *(See instructions)*

	Code			Code	
a. Purpose		08	c. Source		10
b. Type		09	d. Special interest		11

AGENCY USE ONLY

Section C--ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation/fund chargeable

Item	Amount Dollars	Cents	Appropriation/fund
a. Tuition	$		
b. Books or Materials			
c. Other *(Specify)* _____			
d. (Enter 4 digits in dollar column) 12 **Total**	$		

22. Indirect costs and appropriation/fund chargeable

Item	Amount Dollars	Cents	Appropriation/fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)* _____			
d. (Enter 4 digits in dollar column) 13 **Total**	$		

23. Document/Purchase Order/Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* →

25. BILLING INSTRUCTIONS *(Furnish invoice to)*:

Section D--APPROVALS

26a. Immediate supervisor - *Name and title* — Area code/Tel. No./Extension

b. Signature — Date

27a. Second-line supervisor - *Name and title* — Area code/Tel. No./Extension

b. Signature — Date

28a. Training officer - *Name and title* — Area code/Tel. No./Extension

b. Signature — Date

Section E--APPROVAL/CONCURRENCE

29a. Authorizing official - *Name and title* — Area code/Tel. No./Extension

b. Signature — ☐ Approved ☐ Disapproved — Date

Section F--CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official - *Name and title* — Area code/Tel. No./Extension

b. Signature — Date

TRAINING FACILITY > Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to asssure prompt payment.