

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)															
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)			B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number)			C. REQUEST STATUS OR PROCESS CODE (X one)			D. AMENDMENT NO.						
						(1) Initial						(2) Resubmission			
						(3) Correction						(4) Cancellation			
SECTION A - TRAINEE / APPLICANT INFORMATION															
1. NAME (Last, First, Middle Initial)			2. 1st 5 LETTERS OF LAST NAME		3. SOCIAL SECURITY NUMBER		4. ED. LEVEL		5. CONTINUOUS FEDERAL SVC. a. Years b. Months						
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)			7. TELEPHONE NUMBERS (Include area code)			8. POSITION TITLE									
			a. Home			b. Office			9. POSITION LEVEL (X one)			10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator)			
11. ORGANIZATION NAME			(1) Commercial			a. Executive			14. TYPE OF APPOINTMENT			15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS			
			(2) DSN			b. Manager									
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)			13. ORGANIZATION UIC			c. Supervisory			14. TYPE OF APPOINTMENT			15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS			
			16. ARE YOU HANDICAPPED OR DISABLED? (X one)			Yes			d. Non-Supervisory						
						No			e. Other (Specify)						
SECTION B - TRAINING COURSE DATA															
17. COURSE TITLE															
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)						19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY									
						a. Name									
						b. Mailing address (Include ZIP Code)									
						c. Location of training site (If other than 19b)									
20. COURSE CODES															
a. Purpose		f. Security Clearance		k. Training Program		21. COURSE HOURS (4 digits)		22. COURSE IDENTIFIERS							
b. Type		g. Allocation Status		l. Reason for Selection											
c. Source		h. Priority		23. TRAINING PERIOD (YYYYMMDD)				a. Duty		a. SAID					
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course							
e. Training		j. Method of Training		b. Complete		c. TOTAL		c. Offering/TLN							
SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)															
24. IF TRAINING DOES NOT INVOLVE EXPEDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box <input type="checkbox"/>															
25. DIRECT COSTS				26. INDIRECT COSTS (For information only)				27. ACCOUNTING CLASSIFICATION							
a. Tuition cost				a. Travel cost											
b. Books, material, other costs				b. Per diem/other costs											
c. Total direct costs				c. Total indirect costs											
d. Funding source				28. LABOR COSTS				29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)							
31. JOB ORDER NO.								30. TOTAL OF DIRECT & INDIRECT COSTS							
SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION															
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)						33. TRAINING OFFICER: I certify this training meets regulatory requirements.									
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)						
c. Signature & Title			d. Date (YYYYMMDD)			c. Signature & Title			d. Date (YYYYMMDD)						
34. AUTHORIZING OFFICIAL						35. COURSE ACCEPTANCE (To be completed by school official)									
a. Action (X one) <input type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved <input type="checkbox"/>		b. Typed Name (Last, First, Middle Initial)				c. Phone number (Include area code)		a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/>		c. School Official Signature		d. Date (YYYYMMDD)			
d. Signature & Title			e. Date (YYYYMMDD)			36. COURSE COMPLETION (To be completed by school official)									
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to:						a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/>		b. Actual Completion Date (YYYYMMDD)		c. Grade		d. Signature & Title		e. Date (YYYYMMDD)	
						38. CERTIFYING GOVERNMENT OFFICIAL									
						a. I certify that this account is correct and proper for payment in the amount of: \$									
						b. Signature				c. Date Signed (YYYYMMDD)					
d. DSSN Number				e. Check Number		f. Voucher Number									

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

SECTION E - TERMINATION AND EVALUATION DATA (To be completed by trainee)

39. WAS COURSE COMPLETED (X one)		40. ACTUAL COURSE DATES (YYYYMMDD)		41. ACTUAL COURSE HOURS		42. ACADEMIC GRADE/ SCORE			
<input type="checkbox"/>	a. Yes (If not, return form with a memo explaining circumstances)	<input type="checkbox"/>	a. Commenced	<input type="checkbox"/>	b. Completed		<input type="checkbox"/>	a. Duty	<input type="checkbox"/>

43. WERE ALL SESSIONS ATTENDED? (X one)

a. Yes

b. No (Explain reason)

44. WHAT WERE YOUR OBJECTIVES IN TAKING THIS COURSE? WERE THEY MET?

AREAS OF EVALUATION <i>X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.</i>				RATING		
				A	B	C
45. STATED OBJECTIVE ACCOMPLISHED	A - Yes	B - Partially	C - No			
46. COVERAGE OF SUBJECT MATTER	A - Excellent	B - Sufficient	C - Poor			
47. ORGANIZATION OF SUBJECT MATTER	A - Well organized	B - Adequate	C - Poorly organized			
48. SUITABILITY OF INSTRUCTIONAL MATERIALS	A - Excellent	B - Adequate	C - Poor			
49. LEVEL OF DIFFICULTY	A - Too advanced	B - Appropriate	C - Too elementary			
50. LENGTH OF COURSE	A - Too long	B - Appropriate	C - Too short			
51. AMOUNT OF OUTSIDE OR EVENING WORK	A - Too much	B - Appropriate	C - Insufficient			
52. EFFECTIVENESS OF INSTRUCTORS	A - Excellent	B - Good	C - Poor			
53. APPLICABILITY OF SUBJECT MATTER TO JOB	A - Significant	B - Adequate	C - Insignificant			
54. FACILITIES	A - Excellent	B - Good	C - Poor			
55. RECOMMENDATION TO COLLEAGUES	A - Highly recommend	B - Recommend	C - Not recommended			
56. MEET CAREER DEVELOPMENT PLANS	A - Yes	B - No	C - Not applicable			

57. COMMENTS ON COURSE STRENGTHS/WEAKNESSES

SECTION F - SUPERVISORY COMMENTS (To be completed by trainee's immediate supervisor)

58. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE? (X one)

a. Yes b. No

59. WHAT ARE YOUR OBJECTIVES IN HAVING EMPLOYEES ATTEND COURSE? (Complete at time of nomination)

60. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

61. ADDITIONAL COMMENTS

62. SUPERVISOR		63. TRAINEE	
a. Signature	b. Date (YYYYMMDD)	a. Signature	b. Date (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

PRINCIPAL PURPOSE(S): To request training by employees or military personnel and to document the authorization for expenses of such training; agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.