

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number <i>(Example - - xx-xx-xxxx)</i>	01	B. OFFICE USE ONLY
			C. Request status <i>(Mark (X) one)</i>
			02
		<input type="checkbox"/> Initial or Resubmission	<input type="checkbox"/> Correction or Cancellation

Section A - - TRAINEE INFORMATION

1. Applicant's name <i>(Last-First-Middle Initial)</i>	Enter first 5 letters of last name	03	2. Social Security Number	04	3. Date of birth <i>(Year and month)</i>	05
			<i>(Example-born January 14, 1943 Shown as 43/01)</i>			
4. Home address <i>(Number, Street, City, State, Zip code)</i>			5. Home telephone		6. Position level <i>(Mark (X) one only)</i>	
			Area Code Number		<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive	
7. Organization mailing address <i>(Branch-Division/Office/Bureau/Agency)</i>			8. Office telephone		9. Continuous civilian service	
			Area Code Number Extension		Years Months : : : :	
11a. Position title/function		11b. Applicant handicapped or disabled <i>(See instructions)</i>	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 <i>(No., Street, City, State, ZIP Code)</i>				15b. Location of training site <i>(If same, mark box)</i> -----▶ <input type="checkbox"/>									
16. Course title and training objectives <i>(Benefits to be derived by the Government)</i>													
17. Catalog/Course No.		18. Training period <i>(6 digits)</i>			06		19. No. of course hours <i>(4 digits)</i>		07		20. Training codes <i>(See instructions)</i>		
		Year	Month	Day	a. During duty		Code	08 c. Source		Code	10		
a. Start					b. Non-duty			a. Purpose			09 d. Special Interest		
b. Complete					c. TOTAL ▶			b. Type				11	

AGENCY USE ONLY

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Section C -- ESTIMATED COSTS AND BILLING INFORMATION	Section D -- APPROVALS
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21. Direct costs and appropriation/fund chargeable				26a. Immediate Supervisor – <i>Name and title</i>				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund		b. Signature				Date					
		Dollars Cents													
a. Tuition						27a. Second-line Supervisor – <i>Name and title</i>				Area code/Tel. No./Extension					
b. Books or materials						b. Signature				Date					
c. Other <i>(Specify)</i>															
d. (Enter 4 digits in dollar column)		12				28a. Training Officer – <i>Name and title</i>				Area code/Tel. No./Extension					
TOTAL ▶						b. Signature				Date					
22. Indirect costs and appropriation/fund chargeable				29a. Authorizing Officer – <i>Name and title</i>				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund		b. Signature				Date					
		Dollars Cents													
a. Travel						Section E – APPROVAL/CONCURRENCE				29a. Authorizing Officer – <i>Name and title</i>		Area code/Tel. No./Extension			
b. Per Diem										b. Signature		<input type="checkbox"/> Approved Date <input type="checkbox"/> Disapproved			
c. Other (Specify)										30a. Certifying Official – <i>Name and title</i>				Area code/Tel. No./Extension	
d. (Enter 4 digits in dollar column)		13				b. Signature				Date					
TOTAL ▶															
23. Document/Purchase Order/Requisition No.				Section F – CERTIFICATION OF TRAINING COMPLETION				30a. Certifying Official – <i>Name and title</i>				Area code/Tel. No./Extension			
24. 8-Digit station symbol <i>(Example –12-34-5678) -----▶</i>								b. Signature				Date			
25. BILLING INSTRUCTION <i>(Furnish invoice to):</i>															

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