

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>	
		<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	2. Social Security Number		3. Date of birth <i>(Year and month)</i>		
			03			<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	10. Number of prior non-government training days	
						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	
		Year	Month	Day	a. During duty	20. Training codes <i>(See instructions)</i>		
a. Start					b. Non-duty	a. Purpose	Code	
b. Complete					c. TOTAL ▶	b. Type	08 c. Source	
							Code	
							10	
							09 d. Special Interest	
							11	
AGENCY USE ONLY								
Section C -- ESTIMATED COSTS AND BILLING INFORMATION				Section D -- APPROVALS				
21. Direct costs and appropriation/fund chargeable				26a. Immediate Supervisor – <i>Name and title</i>				
Item		Amount		Appropriation/fund		Area code/Tel. No./Extension		
		Dollars	Cents					
a. Tuition						b. Signature		
b. Books or materials						Date		
c. Other <i>(Specify)</i>						27a. Second-line Supervisor – <i>Name and title</i>		
d. (Enter 4 digits in dollar column)		12				Area code/Tel. No./Extension		
TOTAL ▶						b. Signature		
						Date		
22. Indirect costs and appropriation/fund chargeable				28a. Training Officer – <i>Name and title</i>				
Item		Amount		Appropriation/fund		Area code/Tel. No./Extension		
		Dollars	Cents					
a. Travel						b. Signature		
b. Per Diem						Date		
c. Other (Specify)						Section E – APPROVAL/CONCURRENCE		
d. (Enter 4 digits in dollar column)		13				29a. Authorizing Officer – <i>Name and title</i>		
TOTAL ▶						Area code/Tel. No./Extension		
						b. Signature		
						<input type="checkbox"/> Approved Date		
						<input type="checkbox"/> Disapproved		
23. Document/Purchase Order/Requisition No.				Section F – CERTIFICATION OF TRAINING COMPLETION				
24. 8-Digit station symbol		(Example –12-34-5678) -----▶		30a. Certifying Official – <i>Name and title</i>				
				Area code/Tel. No./Extension				
25. BILLING INSTRUCTION <i>(Furnish invoice to):</i>				b. Signature				
				Date				

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