

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	
		Initial or Resubmission				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		
4. Home Address <i>(Number, street, city, State, ZIP code)</i>							3. Date of birth <i>(Year and month)</i>		05		
									<i>(Example - born January 14, 1943 shown as 43/01)</i>		
7. Organization mailing address <i>(Branch-Division/Office/Bureau/Agency)</i>			5. Home telephone		Area code		Number		6. Position level <i>(Mark (X) one only)</i>		
									<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive		
8. Office telephone			9. Continuous civilian service		10. Number of prior non-government training days						
			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	
a. Start								b. Non-duty		a. Purpose	
b. Complete								c. TOTAL		b. Type	
										08 c. Source	
										09 d. Special interest	
										10	
										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. <i>(Enter 4 digits in dollar column)</i>						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 <i>(Specify)</i>						Section E -- APPROVAL/CONCURRENCE					
d. <i>(Enter 4 digits in dollar column)</i>						29a. Authorizing official-- <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 <i>(Example--12-34-5678)</i> →						30a. Certifying official-- <i>Name and title</i>					
25. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>						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 assure prompt payment.											

Section G -- FINANCE

31. Payment authorized for training

Signature	Amount to be paid	Date
	\$	

32. Record of payment

Signature	Amount paid	Date
	\$	

Remarks

Large empty rectangular area for entering remarks.