

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
					<i>(Example-born January 14, 1943 shown as 43/01)</i>	
4. Home address (Number, street, city, State, ZIP code)			5. Home telephone		6. Position level (Mark (X) one only)	
			Area code Number		a. Non-supervisory	
					c. Manager	
					b. Supervisory	
					d. Executive	
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)			8. Office telephone		9. Continuous civilian service	
			Area code Number Extension		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) → <input type="checkbox"/>							
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog / Course No.	18. Training period (6 digits)			06	19. No. of course hours (4 digits)	07	20. Training codes (See instructions)		
	Year	Month	Day		a. During duty		Code		
a. Start					b. Non-duty			08	c. Source
b. Complete					c. TOTAL			09	d. Special interest
									10
									11

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)

21. Course was completed		22. Actual course dates (Month / day / year)						23. Actual course hours		24. Academic grade/score	
a. <input type="checkbox"/> Yes		a. Commenced		b. Completed		a. Duty		b. Non-duty			
b. <input type="checkbox"/> No—Return this form with a memo explaining circumstances		Month	Day	Year	Month	Day	Year				
25. All sessions were attended											
a. <input type="checkbox"/> Yes											
b. <input type="checkbox"/> No—Explain _____											

AREAS OF EVALUATION				Rating		
<i>(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)</i>				A	B	C
26. Stated objective accomplished	A = Yes	B = Partially	C = No			
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
29. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
31. Length of course	A = Too long	B = Appropriate	C = Too short			
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
35. Facilities	A = Excellent	B = Good	C = Poor			
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended			
37. Meet career development plans	A = Yes	B = No	C = Not applicable			

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee) - Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

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Section D—SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a. Yes

b. No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY