

<b>REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>				A. Agency, code agency subelement and submitting office number (Example-xx-xx-xxxx) <b>01</b>		<b>B. OFFICE USE ONLY</b>			
				C. Request status (Mark (X) one) <b>02</b>				Initial or Resubmission	
<b>Section A -- TRAINEE INFORMATION</b>									
1. Applicant's name (Last-First-Middle Initial)			Enter first 5 letters of last name <b>03</b>		2. Social Security Number <b>04</b>		3. Date of birth (Year and month) <b>05</b> <small>(Example - born January 14, 1943 shown as 43/01)</small>		
4. Home Address (Number, street, city, State, ZIP code)				5. Home telephone Area code   Number		6. Position level (Mark (X) one only) <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 (Branch-Division/Office/Bureau/Agency)				8. Office telephone Area code   Number   Extension		9. Continuous civilian service Years   Months		10. Number of prior non-government training days	
11a. Position title/function		11b. Applicant handicapped or disabled (See instructions)		12. Pay plan / series / grade / step		13. Type of appointment		14. Education Level	
<b>Section B -- TRAINING COURSE DATA</b>									
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)			<b>06</b>	19. No. of course hours (4 digits)		<b>07</b>	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty		Code		
	a. Start				b. Non-duty		a. Purpose	<b>08</b>	c. Source
	b. Complete				c. TOTAL	<b>09</b>	b. Type	<b>09</b>	d. Special interest
AGENCY USE ONLY									
<b>Section C -- ESTIMATED COSTS AND BILLING INFORMATION</b>					<b>Section D -- APPROVALS</b>				
21. Direct costs and appropriation / fund chargeable					26a. Immediate supervisor--Name and title				
Item	Amount		Appropriation / fund		Area code/Tel. No./Extension				
	Dollars	Cents							
a. Tuition	\$				b. Signature				
b. Books or materials					Date				
c. Other (Specify)					27a. Second-line supervisor--Name and title				
d. (Enter 4 digits in dollar column) <b>12</b>			TOTAL		Area code/Tel. No./Extension				
	\$				b. Signature				
					Date				
22. Indirect costs and appropriation / fund chargeable					28a. Training officer--Name and title				
Item	Amount		Appropriation / fund		Area code/Tel. No./Extension				
	Dollars	Cents							
a. Travel	\$				b. Signature				
b. Per diem					Date				
c. Other (Specify)					29a. Authorizing official--Name and title				
d. (Enter 4 digits in dollar column) <b>13</b>			TOTAL		Area code/Tel. No./Extension				
					b. Signature				
					<input type="checkbox"/> Approved    Date <input type="checkbox"/> Disapproved				
23. Document/Purchase Order/Requisition No.					<b>Section F -- CERTIFICATION OF TRAINING COMPLETION</b>				
24. 8-Digit station symbol (Example--12-34-5678)					30a. Certifying official--Name and title				
25. BILLING INSTRUCTIONS (Furnish invoice to):					Area code/Tel. No./Extension				
					b. Signature				
					Date				
<b>TRAINING FACILITY</b> <b>Bills should be sent to office indicated in item 25.</b> • <b>Please refer to number given in item 23 to assure prompt payment.</b>									

**Section G -- FINANCE**

**31. Payment authorized for training**

Signature	Amount to be paid \$	Date
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**32. Record of payment**

Signature	Amount paid \$	Date
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Remarks

Large empty rectangular area for entering remarks.