

# TRAVEL

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**TRAVEL – DOMESTIC** This section is being revised.

Official Telephone Calls – Domestic

Official Telephone Calls – Outside the 50 States

NFC Guidelines for filling out #22 on TA

Acceptance of Travel Funds from Non-Federal Sources

**CONUS** (visit: GSAs website for [Per Diem Rates](#))

**COUNTY SEARCH** for per diem (see:

[http://www.naco.org/Template.cfm?](http://www.naco.org/Template.cfm?Section=Find_a_County&Template=/cfiles/counties/usamap.cfm)

[Section=Find\\_a\\_County&Template=/cfiles/counties/usamap.cfm](http://www.naco.org/Template.cfm?Section=Find_a_County&Template=/cfiles/counties/usamap.cfm))

## TRAVEL – NON-GOVERNMENT

### TRAINING TRAVEL

Agency – Training Electronic Reporting Instructions

New SF 182 – Training Form

### TRAVEL FAQs – (*Frequently Asked Questions*)

### TRAVEL VOUCHER CHECK LIST

### TRAVEL – FOREIGN

Passport & Visa Requirements

Passport forms

NFC Bulletin RE: Foreign Codes

Country 2-Letter Codes

Travel Foreign Location Codes (Country and City Codes)

**FOREIGN PER DIEM:** (See: <http://www.state.gov/m/a/als/prdm/>)

**FOREIGN COUNTRY/CITY CODES:** (See:

<http://dab.nfc.usda.gov/pubs/docs/tflc/tflc/foreigncodes.html>)



## **Forms for Requesting Travel**

Items 1 or 2 could be used by the traveler to request permission to travel and provide information for the preparation of the AD-202, Travel Authorization. Item 3 could be used by traveler upon return from trip to provide information for the AD-616, Travel Voucher, and receipts.

1. MDA-85A
2. Request for Approval to Travel (yellow)
3. Post Travel Information (green)

# REQUEST FOR TRAVEL

TITLE OF MEETING AND SPONSORING ORGANIZATION			DESTINATION
OPENING DATE	CLOSING DATE	TRAVEL TO BEGIN	TRAVEL TO END

KIND OF MEETING (Circle One)

International     
  Other Overseas     
  Common Interest     
  National  
 Statewide     
  Work-Related     
  Training     
  Regional

LIST OTHER COUNTRIES TO BE VISITED ON OFFICIAL TIME IF "INTERNATIONAL" OR "FOREIGN" TRAVEL INDICATED  
FORM MDA - 85A (Modified for SIMRU 10/11/01)

MODE OF TRAVEL (Circle One)

Common Carrier     
 Gov't Vehicle     
 Personal Vehicle

RECOMMENDED PER DIEM \$      LDG \$      M&IE  
 ACTUAL SUBSISTENCE \$      LDG \$      M&IE

NAMES & TITLES OF PARTICIPANTS	OFFICIAL STATION	ESTIMATED TRAVEL EXPENSES		
		TRANS.	PER DIEM	TOTAL

PURPOSE OF TRAVEL AND JUSTIFICATION STATEMENT

USDA FUNDS		OTHER FUNDS	
ACCOUNTING CODE	AMOUNT	EXPLANATION	AMOUNT

APPROVALS

RESEARCH LEADER \_\_\_\_\_ DATE \_\_\_\_\_

**Request for Approval to Travel** (Print on yellow paper)  
Please estimate all travel expenses to be sure you have adequate coverage.

Employee: \_\_\_\_\_ Destination: \_\_\_\_\_

Estimated Dates of Travel: From \_\_\_\_\_ To \_\_\_\_\_

Preferred Departure City: \_\_\_\_\_ Greenville, MS \_\_\_\_\_ Jackson, MS \_\_\_\_\_ Memphis

Preferred Departure Time in Departure City \_\_\_\_\_

Preferred Departure Time in Destination City \_\_\_\_\_

Do you have a Government Travel Card? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Leave taken? If so, what dates \_\_\_\_\_

Transportation Mode: \_\_Air \_\_Gov \_\_Pov \_\_ Cost Comparison (Air vs Pov)

Do you need hotel reservations? \_\_Yes \_\_No Hotel Preference: \_\_\_\_\_

Will you take a Government vehicle? \_\_ Yes \_\_ No Do you need a rental Car? \_\_ Yes \_\_ No

Purpose of Travel \_\_\_\_\_

Meeting Type: \_\_Information Meeting      \_\_Training Meeting  
                  \_\_Speech or Presentation      \_\_Informal Training  
                  \_\_Conference Attendance      \_\_Other Travel

Title of Meeting, Training Course, Sponsoring Organization, etc:  
\_\_\_\_\_

Estimated Travel Expenses: Taxi \_\_\_\_\_ Parking \_\_\_\_\_

Miscellaneous Expenses (telephone calls, gas, etc, Please specify.)  
\_\_\_\_\_

Estimated miles to be driven: \_\_\_\_\_ Estimated cost: \_\_\_\_\_

*If you choose POV when a GOV is available, reimbursement is 10.5 cent/mile*

***It is extremely unusual for a GOV not to be available***

**NOTE: ANY ACCEPTANCE OF OUTSIDE FUNDS MUST BE APPROVED BY DR. KING PRIOR TO TRAVEL.**

Will this travel be paid from outside funds? \_\_YES \_\_NO

If yes, what is the name of the organization? \_\_\_\_\_

Estimated amount of the contributed funds: \$ \_\_\_\_\_

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I, \_\_\_\_\_, choose to drive my personal vehicle in lieu of a government vehicle.

*Disclaimer:*

*USDA/ARS/BCPRU is not liable for damages or injury to person(s) or personal vehicle if employee chooses to drive personal vehicle in lieu of a government vehicle.*

**POST TRAVEL INFORMATION** (Print on green paper)

Please attach ALL receipts and return this form to Office Automation Assistant

Name: \_\_\_\_\_ Destination: \_\_\_\_\_

Dates of Travel: From \_\_\_\_\_ To \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Air \_\_\_\_\_ GOV \_\_\_\_\_ POV \_\_\_\_\_ Other

If by air, ticket amount: \$ \_\_\_\_\_ Travel Center Service Fee: \$ \_\_\_\_\_

If by POV, total # of miles to/from destination: \_\_\_\_\_

If by POV to airport only, total # of miles: \_\_\_\_\_

**Note: If you choose POV when GOV is available, reimbursement is 12.5 cents per mile. It is rare when a GOV is not available.**

**Miscellaneous Claims:**

All claims of \$75.00 or more must be supported with a signed receipt.

Amount:

- \_\_\_\_\_ Registration Fees
- \_\_\_\_\_ Parking Fees
- \_\_\_\_\_ Taxi, shuttle, or limo fare, please specify: \_\_\_\_\_
- \_\_\_\_\_ Other expenses (Specify): \_\_\_\_\_
- \_\_\_\_\_ Business Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Business Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Business Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Personal Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Personal Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Personal Phone Call, Date: \_\_\_\_\_
- \_\_\_\_\_ Personal Phone Call, Date: \_\_\_\_\_

**Note: You must be in travel status at least two (2) consecutive nights to claim a personal call.**

**Lodging Claims: (Receipts are ALWAYS Required)**

- \_\_\_\_\_ Lodging Only
- \_\_\_\_\_ Lodging Tax

**Car Rental Claims: (Receipts are ALWAYS Required)**

- \_\_\_\_\_ Car Rental

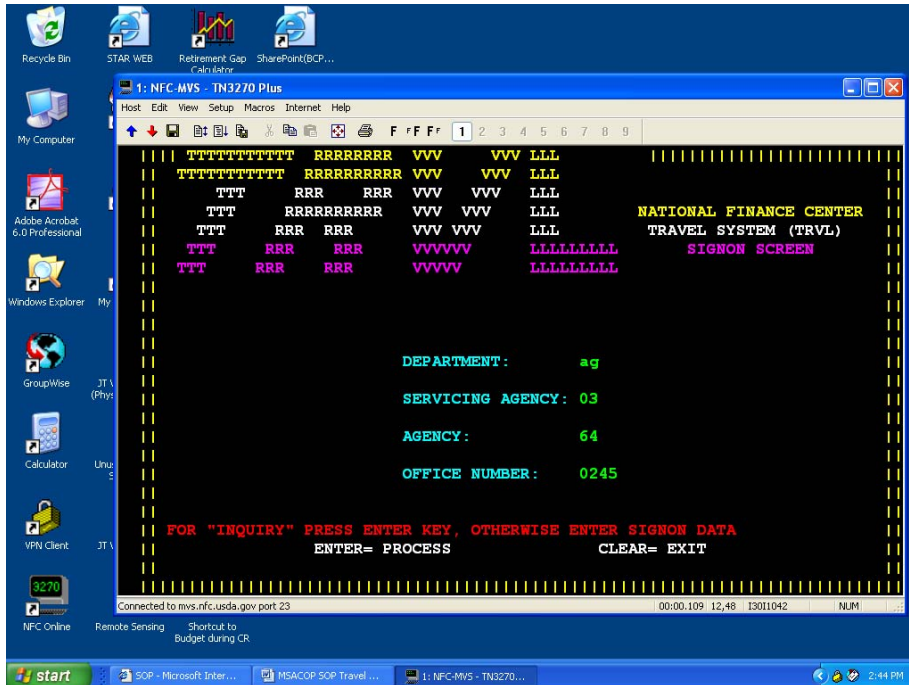
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer:**

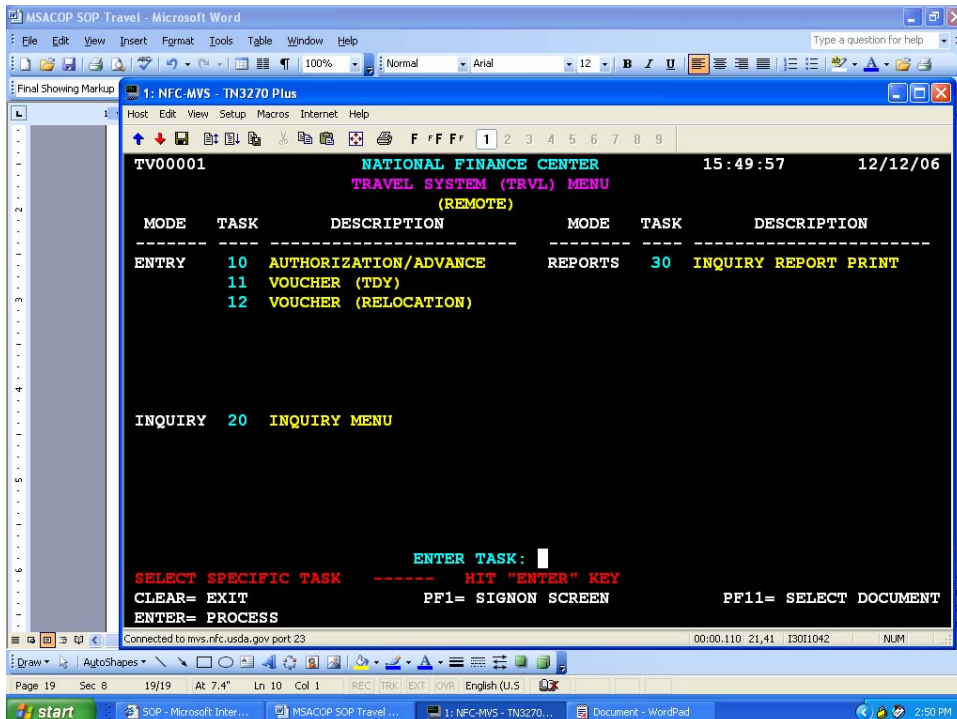
USDA/ARS/BCPRU is not liable for damages or injury to person(s) or personal vehicle if employee chooses to drive personal vehicle in lieu of a government vehicle.

# Instructions for completing an AD-202

After logging into Travel you should see the screen below. Type in your OON.

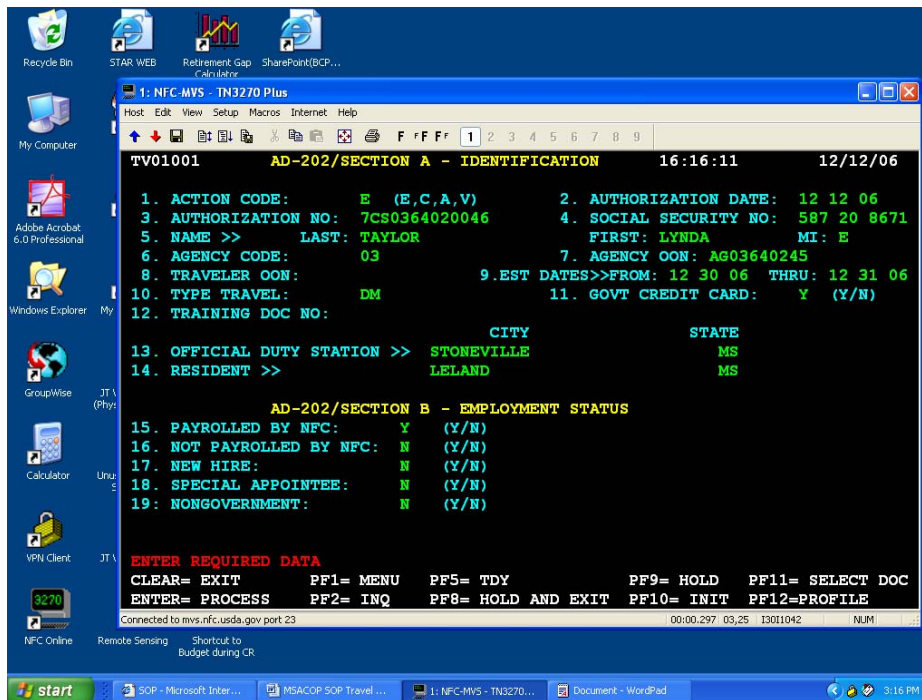


Press Enter. You should see the screen below.



Type the Task No. in the blank identified as **ENTER TASK:**

Press Enter. You should see the screen below.



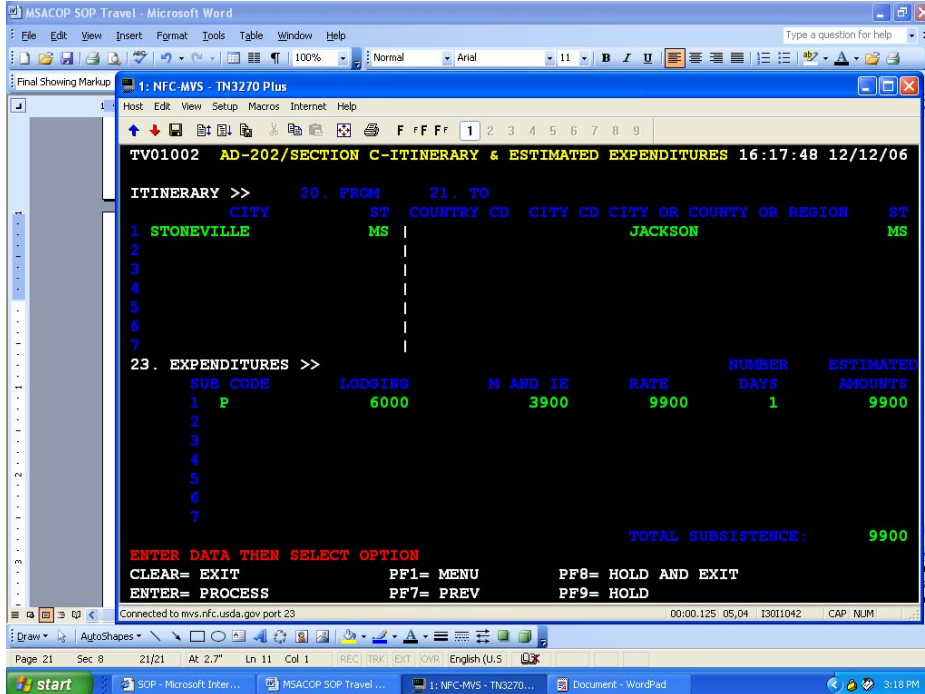
1. E = Establish; C = Cancel; A = Amend; V = Advance Only
2. program generated
3. Enter Authorization No. from your list:  
Positions (required, 13 positions)  
1<sup>st</sup> = Last digit of the fiscal year  
2<sup>nd</sup> = Type of Authorization  
A = Unlimited Open Travel  
B = Limited Open Travel  
C = Individual Trips  
L = Local Travel  
N = Nationwide Travel  
3<sup>rd</sup> = Indicator for Single or Multiple Travelers  
S = Single  
M = multiple
- 4<sup>th</sup> – 5<sup>th</sup> = 2-position alphanumeric paying Agency Code
- 6<sup>th</sup> – 9<sup>th</sup> = 4-position alphanumeric code unique to the agency
- 10<sup>th</sup> – 13<sup>th</sup> = Sequential number assigned by the agency
4. Social Security Number
5. Name (lname, fname, initial)
6. Agency Code
7. Automatically generated
8. leave blank
9. Enter dated of travel
10. Type of Travel  
DM = Domestic  
FG = Foreign  
Other types of travel which you may not use or will use very seldom:



FT = Foreign Transfer; GR = Escorted Group; OC = Outside Continental U.S. (CONUS);  
OT = Outside CONUS Transfer of Station; RT = Return Travel; TS = Transfer of Station

11. Gov't credit card Y = yes / N = no
12. Training document number from SF-182, if travel is for training.
13. City and State of Official Duty Station
14. City and State of Residence
- 15-19. Indicate how traveler is paid.

Press Enter. You should see the screen below.



20-21. Enter the itinerary from and to

23. Identify expenditures by Sub Code  
P = Per Diem  
A = Actual Subsistence  
S = Special Rate  
C = Conference Rate

Enter the LDG and M&IE Rates for each lodging location using no decimals.  
Enter the number of days as whole days.

## NFC TRVL Authorization Conference Name Guidelines

When the purpose of travel is 03 (training), 04 (speech or presentation) or 05 (conference) on the AD-202, please place the full name of the conference, meeting or training in Block 22, under Section C of the travel authorization. Spell out the conference name as it appears on the brochure of notice for the meeting. Please use the following guidance when entering conference, meeting, or training names in Block 22:

Do not use abbreviations, for example:

- Instead of INT'L, spell out International,
- Instead of ASSN, spell out Association,
- Instead of TRNG, spell out Training,
- Instead of COMM, spell out Committee,
- Instead of AMER, spell out American,
- Instead of NAT'L, spell out National,
- Instead of MTG, spell out Meeting, and etc.

Do not use acronyms, for example:

- Instead of BIG, spell out Blacks in Government,
- Instead of AVMA, spell out America Veterinary Medical Association, and etc.

Do not precede conference/training names with "the", "a", the purpose code (it is already on the document), or free form text describing the traveler's role in the conference. Such information may be placed in the "Remarks" section.

Conference/training names must be specific, for example:

- Instead of GSA Training, spell out Acquisition Training.

Unless agency name is a part of the conference/training title/name, delete it.

Do not use quotation marks in conference/training title/name, for example:

- Instead of “Beltwide Cotton Conference”, spell out Beltwide Cotton Conference without the quotation marks.

Spell out states, if it is included in the title of the conference/training, for example:

- Instead of TX Honeybee Producers Meeting, spell out Texas Honeybee Producers Meeting.

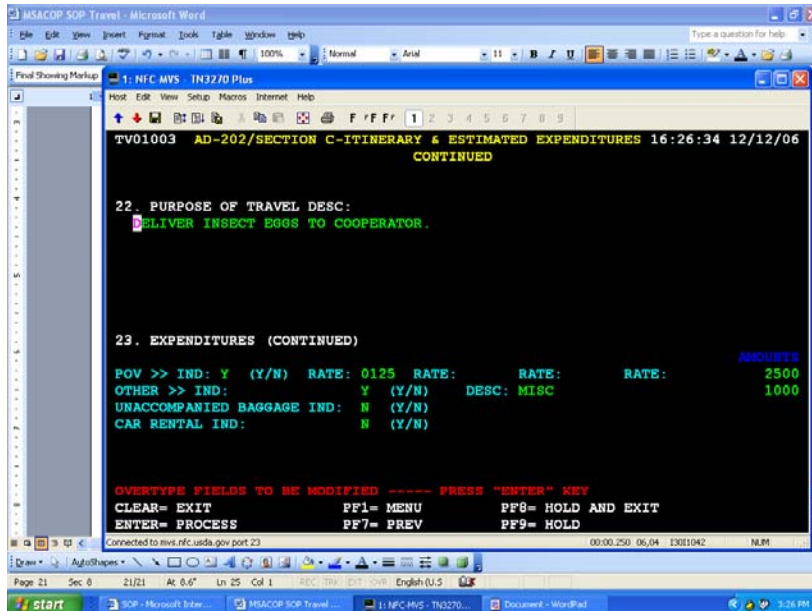
Eliminate all references to specific years, or references to annual meetings, I.E., 132<sup>ND</sup> annual, in the title of the conference/training, for example:

- Instead of 35th Annual Blacks in Government Meeting, drop the 35th and the Annual and spell out Blacks in Government Meeting.

For National Program Conferences or workshops, do not put the program number in the title of the meeting:

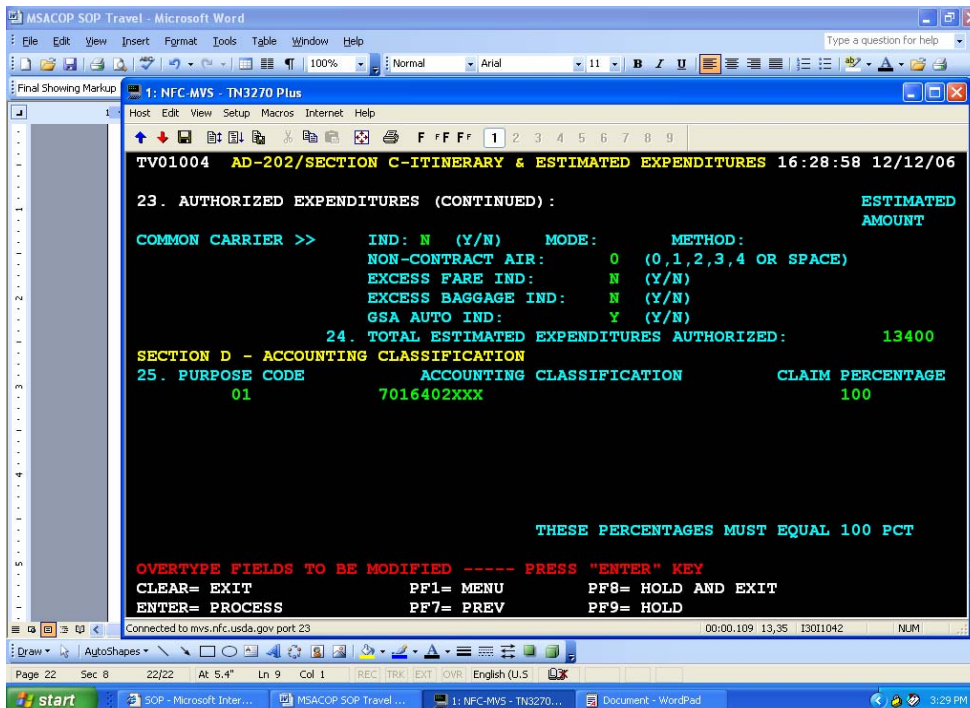
- Instead of NP 107 Workshop, spell out Human Nutrition Program Stakeholder Workshop

Press **Enter**. You should see the screen below.



Enter brief statement for purpose of travel.  
Split out the expenditures as requested.

Press **Enter**. You should see the screen below.



Expenditures continued:

Common Carrier Y/N

Mode: A = Airplane B = Bus

T = Train                      C = Air & Bus  
 D = Air & Train              E = Bus & Train  
 F = Air, Bus & Train      O = Other  
 P = Cost Comparison Travel  
 V = Voluntary Return

Method (of purchase): [Most of the time you will use CC, GVTS, GTR]

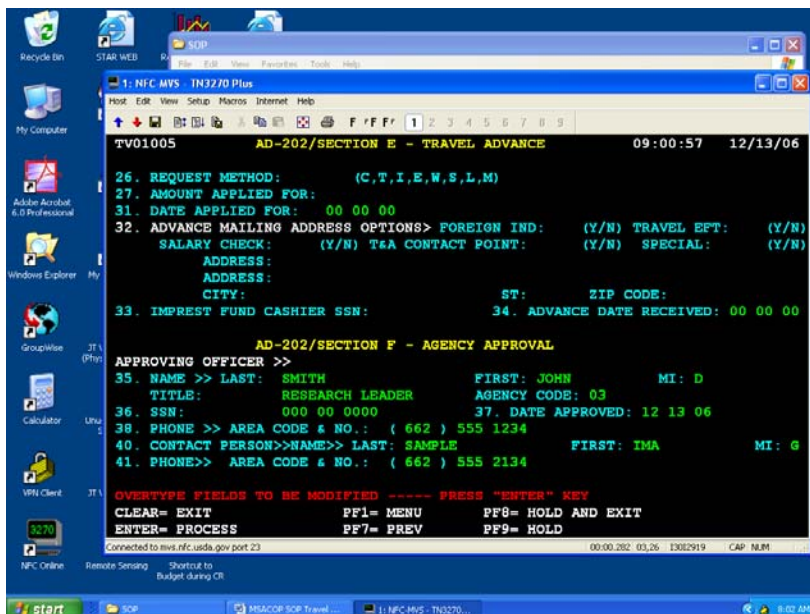
CC = Gov't contractor-issued charge card  
 CH = Cash  
 GV = Gov't Transportation System (GVTS)  
 TR = Gov't Transportation Request (GTR)  
 VC = Combination of GVTS and contractor-issued charge card  
 TC = Combination of GTR and contractor-issued charge card  
 HC = Combination of contractor-issued charge card and cash  
 VH = Combination of BGTS and cash  
 TH = Combination of GTR and cash  
 V3 = GVTS, cash, contractor-issued charge card, and GTR

Enter the amount of the fare. Mark the other items as needed: Non-contract air = 0; Excess fare = N; Excess baggage = N; GSA Auto, indicate Yes or No. [Mark yes since GOV will probably transport traveler to airport or the destination. May also be marked yes when POV is authorized.]

Enter the Travel Purpose Code

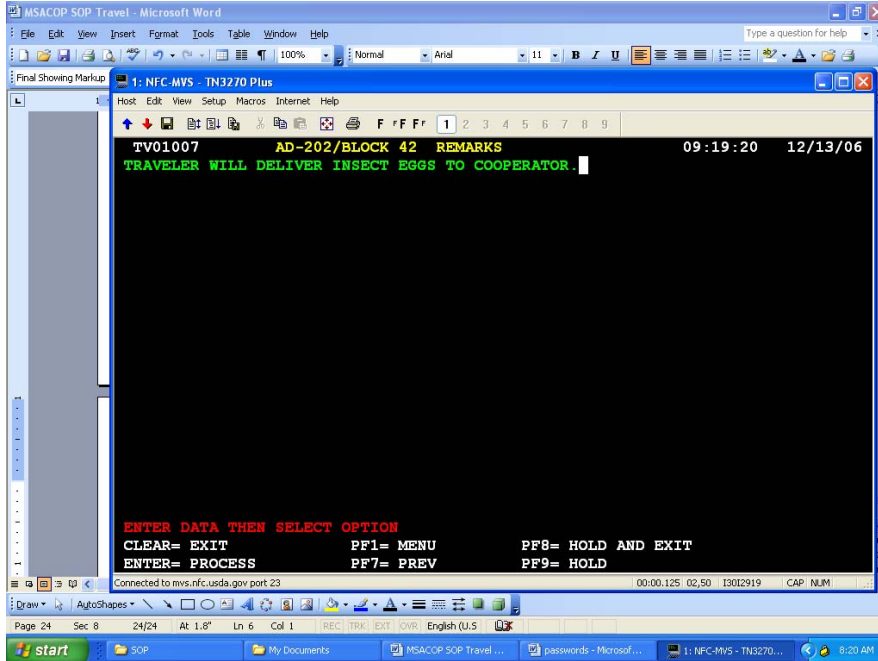
1 = Site Visits  
 2 = Information Meeting  
 3 = Training Attendance  
 4 = Speech or Presentation  
 5 = Conference Attendance  
 15 = Informal Training

Enter the Accounting Code(s) and the percentage of claim to be charged to each. Press **Enter**. You should see the screen below.



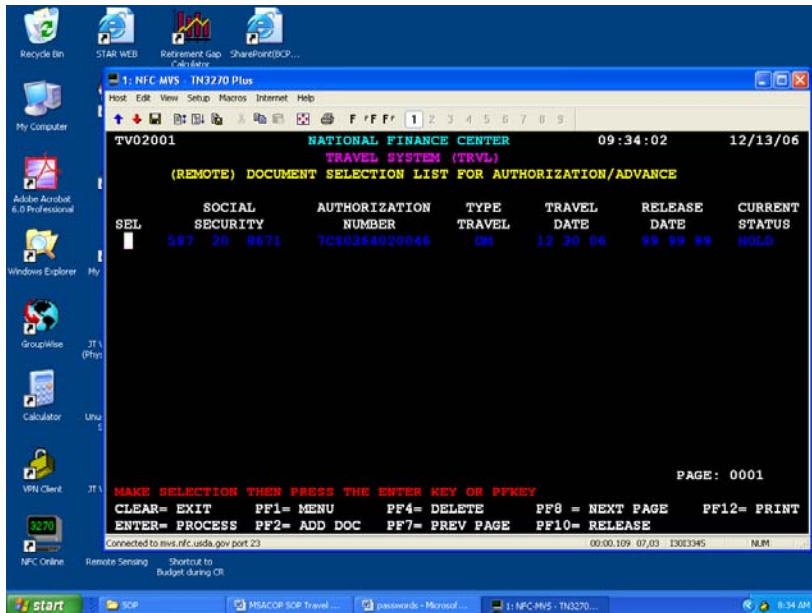
Items 26 through 34 are for advances.  
 Skip to item 35. Complete items 35 through 41. **Press PF9.**

You should see the screen below.



Type your remarks. Press **PF9**. This will hold the document until after you can get the signature on the hard copy. By placing the document on hold it will be protected from accidental release before receiving approval.

You should see the screen below.



**From:** Archie Tucker{PRIVATE }  
**To:** RL-MSA  
**Date:** 4/28/04 2:42PM  
**Subject:** Travel Authorization "Remarks" Section

April 28, 2004

**SUBJECT:** Travel Authorization "Remarks" Section

**TO:** Research Leaders  
Mid South Area

**FROM:** /s/ Archie Tucker  
Deputy Area Director  
Mid South Area

Effective April 29, 2004, all Travel Authorizations (AD-202's) MUST include a statement in the "Remarks" section which identifies the purpose of the travel. In the case of meetings, conferences and workshops, state the particulars of the meeting and a justification for the employee's participation. This requirement applies to all authorizations approved at the MU and location levels, as well as those approved at the Area Office.

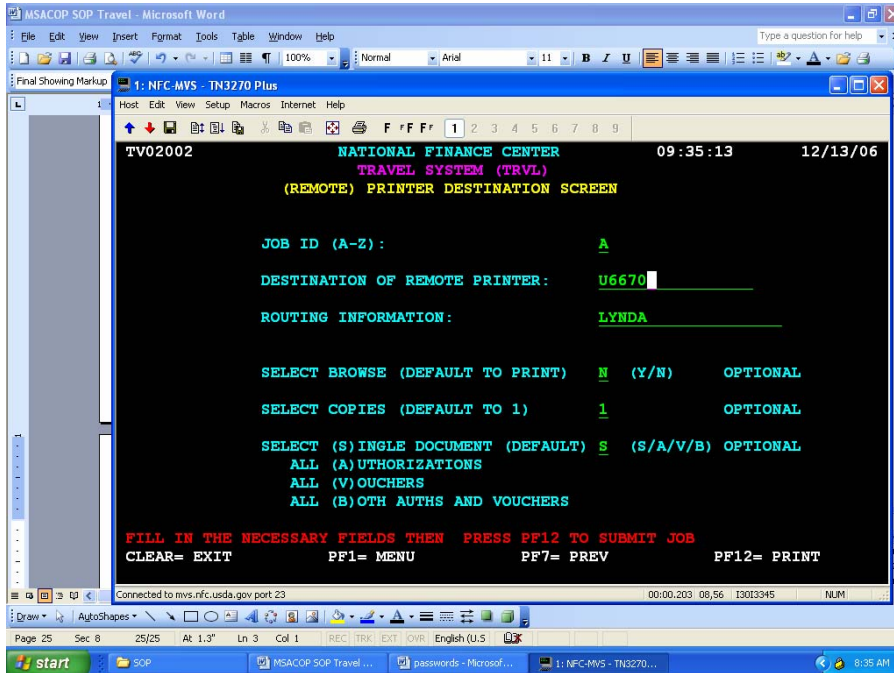
The approving official should not sign the authorization if there is not an acceptable statement in the "Remarks" section.

If you have any questions, please contact Ms. Carolyn Norquist, MSA Transportation Assistant, at 662-686-5384.

cc:  
E. G. King  
D. L. Brennan  
J. P. Jordan  
D. S. Magee  
C. Norquist  
LAO's  
RL Secretaries

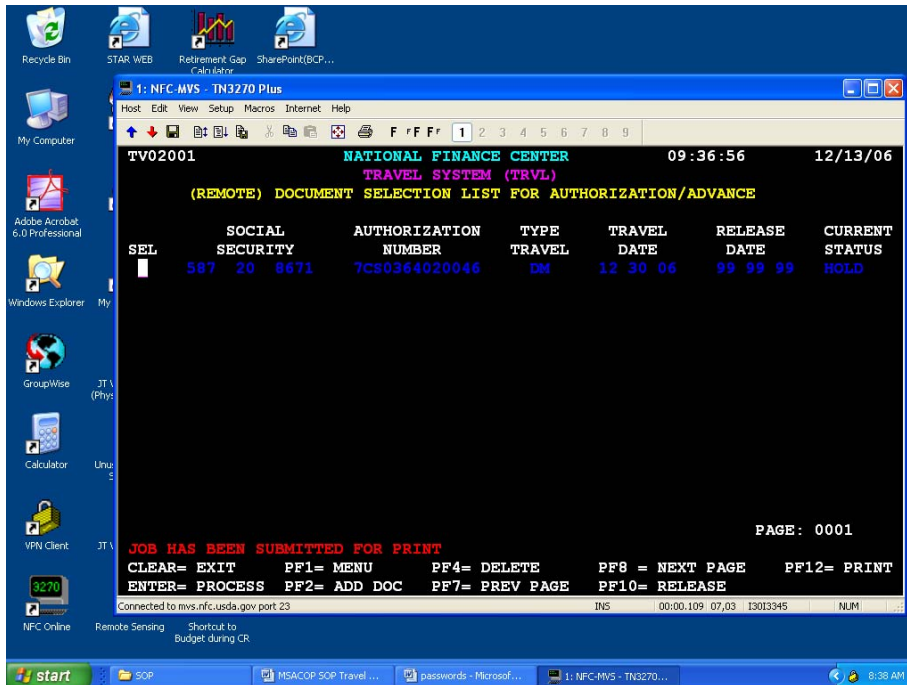
**cc:**  
Brennan, Deborah; Jordan, J. Patrick; King, Ed; LAO-MSA; Magee, Debra; Norquist, Carolyn; RL-SECY-MSA; Tucker, Archie

Enter **P** for print, then press the **PF12** key. You should see the screen below.



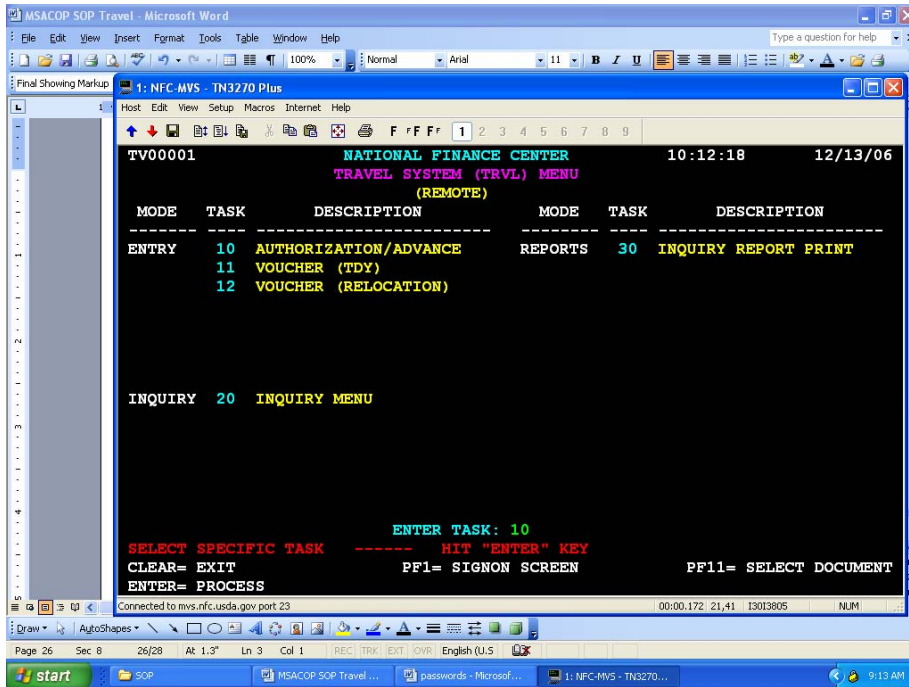
Type your printer identifier and name. Press **PF12**.

You will return to the screen below. See the message, "Job has been submitted for print" in red near the bottom of the screen.

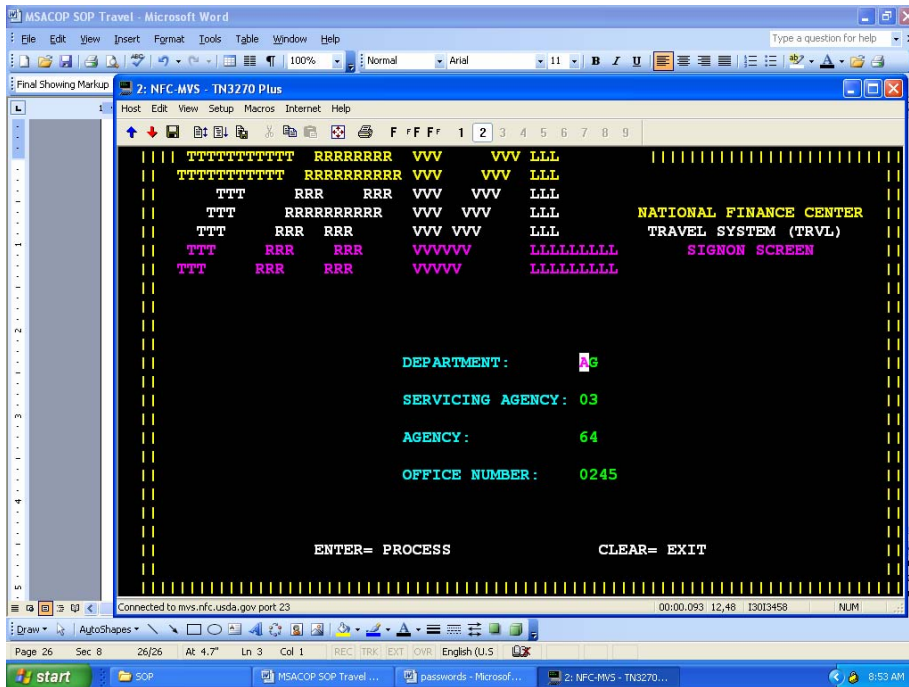




You may now exit Travel. Press **PF1**. You should see the screen below.

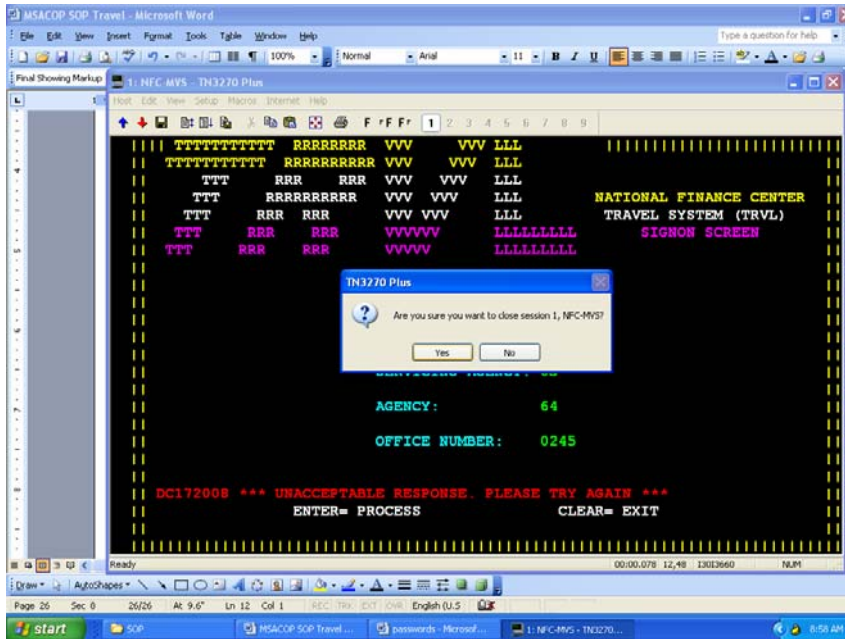


Press **PF1**. You should see the screen below.

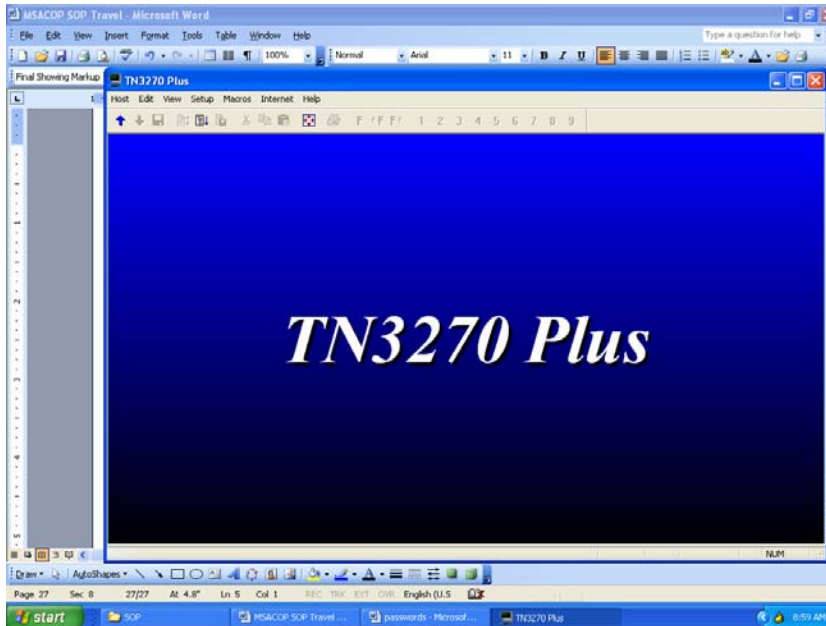


Using the mouse click the "red arrow" in the menu bar to disconnect.

You should see the screen below.



Answer Yes. You should see the screen below.



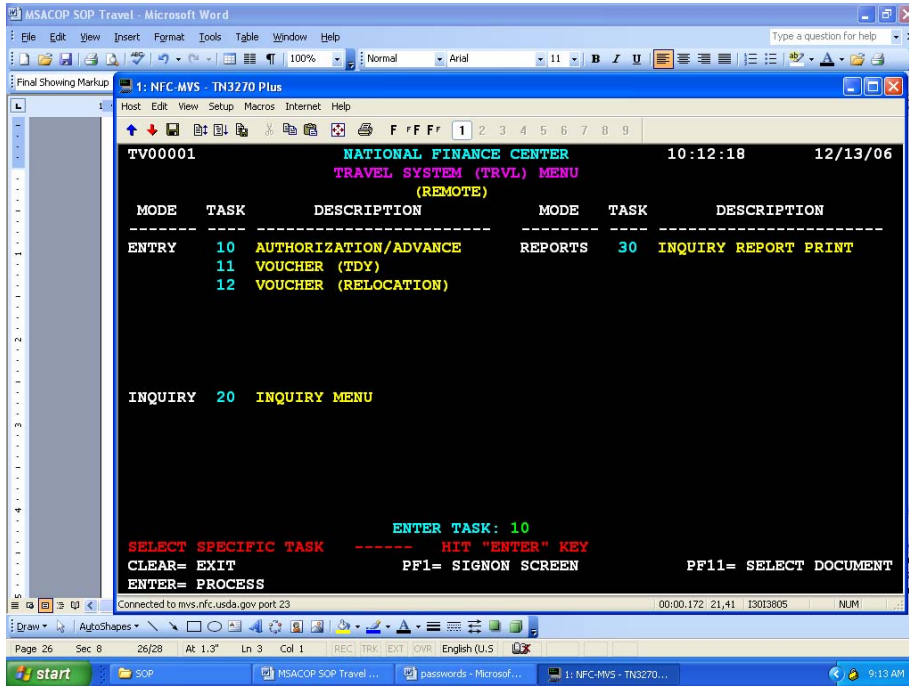
You may click on the X to close.

Be sure to disconnect and exit from VPN.

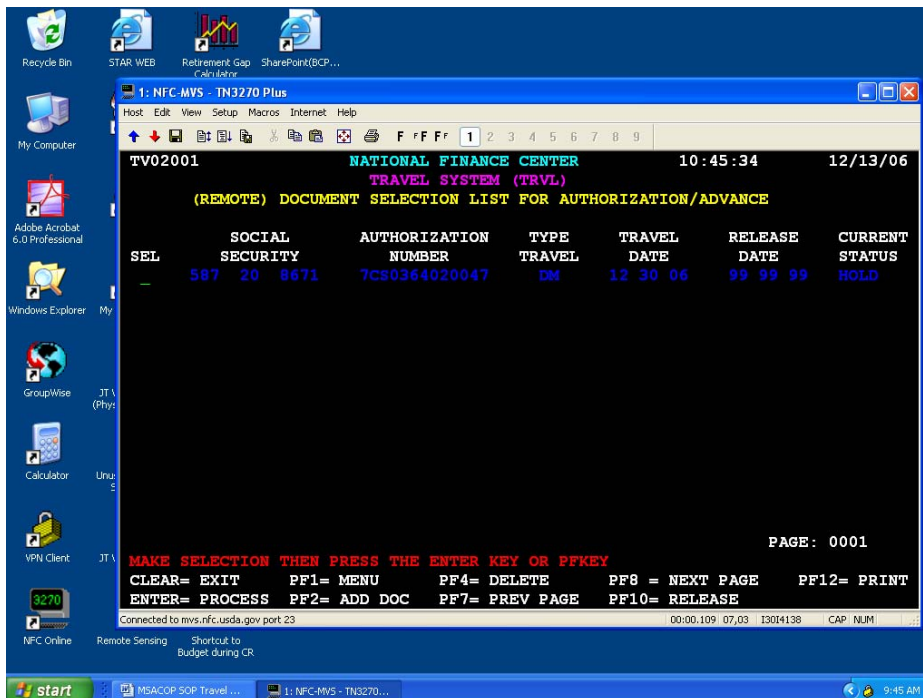
The document will come to your mailbox. Depending upon the activities of NFC this could take up to a day but usually is within the hour.

When you receive the email from NFC, open the pdf and select File > Print. At the print screen be sure the select from the drop down menu at Page Scaling select Fit to Paper, then print. Obtain the approving official signature.

Log back into Travel. At the screen below enter the task.

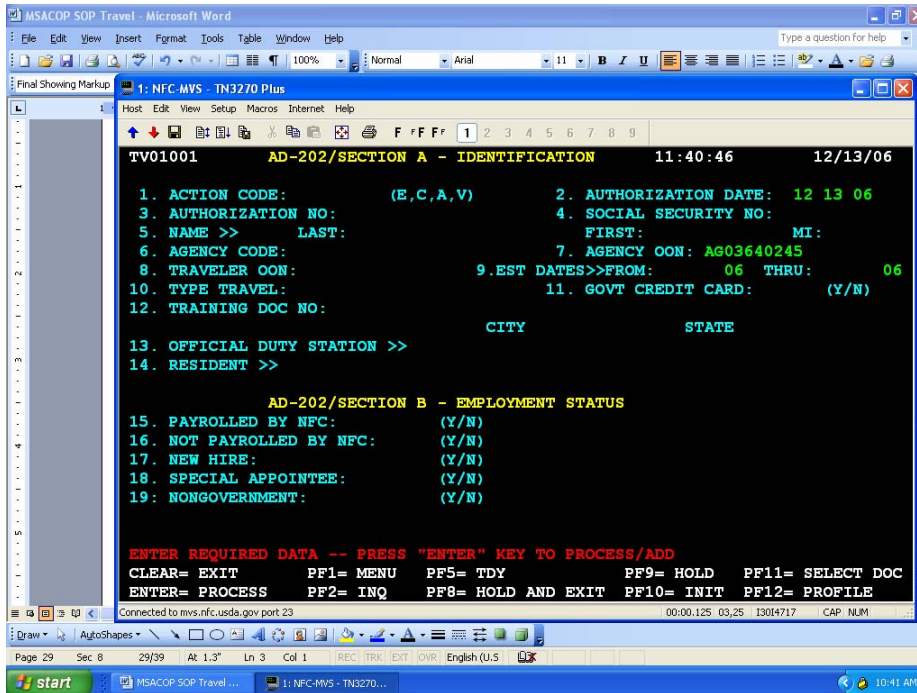


Press PF11. You should see the screen below.

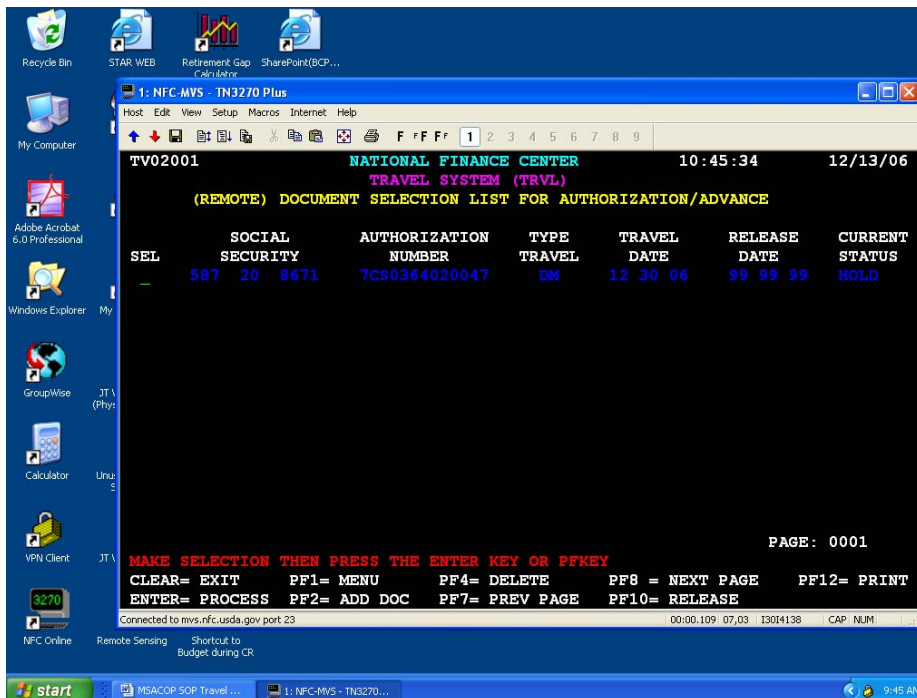


Your authorization will be listed. Type an **S** on the line to the left of the authorization you wish to release, then press **Enter**. Press **Enter** for each page of the authorization.

You should see the screen below.



Press PF11. You should see the screen below.



Type R to the left of the authorization you wish to release. Press PF10. The Current Status should show released, if not, repeat the R and PF10.

Press PF1 until you are at the login screen. Click on the "red arrow" to terminate the session. Remember to disconnect and exit VPN.

## Official Telephone Calls

Add the following statement to all travel vouchers when requesting reimbursement for personal phone calls.

**"This is to certify that personal calls made during official travel comply with the requirements of DR 2300-3."**

### Domestic Allowances

The maximum aggregated amount that may be approved for each travel period (i.e., consecutive days of official travel) cannot exceed the amount equal to the daily reimbursement rate multiplied by the number of lodging nights.

If travel is **within** the 50 states, the District of Columbia, Puerto Rico, or the Virgin Islands, the maximum reimbursement is **\$5.00 a per day**.

Your Agency will pay for official calls when authorized by a travel approving official as a necessary expense related to travel. This includes calls while on temporary duty status and during transfer-of-station (relocation) travel. Official calls are considered a necessary expense to accomplish the mission of the travel purpose.

To make an official long distance telephone call while on official travel employees should use agency provided phone cards or government issued cellular phones. In the event that the employee does not have a phone card or cellular phone, employees should use a government provided telephone system whenever possible. When the government provided services are not available, commercial services may be used.

Reimbursement for authorized personal telephone calls will be allowed for calls placed to the official duty station commuting area on the day of return from official travel for notification of a change in schedule. Authorized business telephone calls can be made on the day of return to official duty station.

### **Foreign Allowances**

If travel is **outside** the 50 states, the District of Columbia, Puerto Rico, or the Virgin Islands, the maximum reimbursement is **\$15.00 per day**.

Government-issued cell phones may be used for international calls while on official foreign travel. Based on the cost savings associated with long distance rates in cell phone contracts, employees must use the long-distance service, when available, on the government-issued cellular phone for international calls. However, hotel access charges should be charged as a miscellaneous travel expense.

**Calling cards may be purchased by contacting Maureen Harris by email as follows:**

[Maureen.Harris@ARS.USDA.GOV](mailto:Maureen.Harris@ARS.USDA.GOV) Under the FTS2001 contract, employees may receive calling cards if requested by their supervisor. The only charge is the cost of whatever calls are made.

Just send me an email with the names of the individuals and the type of access needed (ie, international/domestic/world-wide [which includes high fraud countries such as China]) and I will place the order.

## **Comp Time Off for Travel**

Creditable time is

- Transit time – planes, car, etc.
- Travel to terminal
- Time on flight
- Waiting time between flights
  - Domestic – 1 hour
  - Foreign – 2 hours (extra time must be approved by supervisor on a case by case basis)
- Commute time to work is not allowable
- If you stop for a meal that is deducted
- Outside tour of duty

No limit to amount of Comp Time for Travel approved by the Supervisor.

CTT is earned and used in 15 minute increments.

Must be reported within two pay periods or it will be forfeited.

Must be used within 26 pay periods of the pay period in which it is credited or it will be forfeited.

For transfer or separation there is no monetary value.

### **See P&P 402.3 Section 5**

Suffixes must be used with codes to indicate the Comp Time is for travel

Comp Travel Earned 78 32

Comp Travel Used 78 64

# ARS \* CSREES \* ERS \* NASS

## *Bulletin*

<b>Title:</b>	Acceptance of Travel Expenses from Non-Federal Sources
<b>Number:</b>	00-305
<b>Date:</b>	March 13, 2000
<b>Originating Office:</b>	Financial Management Division, Travel and Relocation Services Branch, ARS/AFM
<b>Distribution:</b>	All REE employees
<b>Expires:</b>	*September 30, 2001

This bulletin announces new Office of Ethics guidance on acceptance of travel expenses from non-Federal sources. (**\*The expiration date of this bulletin is extended on 5/8/01**)

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On January 7, 2000, the Office of Ethics (OE) announced the implementation of Ethics Issuance 99-2, Acceptance of Travel Expenses from Non-Federal Sources. This bulletin is issued to implement new policy and requirements from OE in a timely manner. REE Policy and Procedure (P&P) 341.2, Acceptance of Travel Funds from Non-Federal Sources, dated November 22, 1999, will be updated with this new guidance at a later date.

### **Changes:**

- 1. A Conflict of Interest Analysis form has been generated by OE.**
- 2. The Conflict of Interest Analysis form must be signed by an Ethics Advisor.**

3. The Approval and Report of Travel Funds Received from Non-Federal Sources form has been modified to require the employee's signature and date and the approving official's signature and date.
4. The original of the Approval and Report of Travel Funds Received from Non-Federal Sources, Conflict of Interest Analysis, letter of offer, and the letter of acceptance will be forwarded to the ARS/AFM, Financial Management Division, Travel and Relocation Services Branch on the scheduled reporting dates established in Policy and Procedure 341.2.

**Note: Copies will be accepted. However, every attempt should be made to submit the original documents as they will be forwarded to OE for retention for 4 years.**

**Forms:**

Exhibit 1, **Modified** - Approval and Report of Travel Funds Received from Non- Federal Sources form.

Exhibit 2, **New** - Conflict of Interest Analysis form.

NOTE: The new and modified forms will be required for the reporting period October 1, 1999, through March 31, 2000, and must be submitted to ARS/AFM, Financial Management Division, Travel and Relocation Services Branch by April 15, 2000.

If you have questions concerning either travel policies or ethics you may contact Linda E. Mahoney on 301-504-1307 or contact your agency, Area, or the REE Ethics Advisor, Sandra Herring on 301-504-1442.

/s/

S. M. HELMRICH


Director

Financial Management Division



## **REQUESTING OUTSIDE FUNDS FROM NON-FEDERAL SOURCE FOR TRAVEL**

1. Prepare a memo to Dr. King requesting acceptance of funds.
2. Provide with the memo a copy of the letter or email which invites the traveler to participate or present at the meeting and states exactly what is to be provided.
3. Provide a memo to the non-federal source of the acceptance of funds and specifically state how payment is expected.
4. Await approval before preparing and AD-202.
5. Always include on the AD-202 the unit's accounting code to cover salary and miscellaneous expenses not covered by the non-federal source.

STEPS TO SUBMIT   
REQUEST FOR TRAVEL  
PAID BY OUTSIDE FUNDS

- Receive Request for Travel from traveler, signed by supervisor
- Type up memo to Area Director from RL  
“Request for Payment of Travel Expenses from Non-Federal Source”
- Create letter for Area Director’s Signature in WORD (ugh!) (See SOP, Travel Section if you do not have a copy of this letter already on your computer)
- Have Traveler fill out a Conflict of Interest Analysis Under 41 C.F.R. § 304.1.5
- Acquire a copy of invitational offer which states what hosting party will pay for.
- Forward hard copies to Area office of the above mentioned materials.
- Once this trip has been approved, put a Travel Authorization for Area’s approval into the TRVL system and forward an e-mail asking that it be approved and released.
- Upon return from trip, must forward a copy of the “Research, Education, and Economics Report of Funds Received from Non-Federal Sources.” to the Area Office.

[print on letterhead]

June 12, 2004

**SUBJECT:** Request for Payment for Travel Expenses  
From Non-Federal Source

**TO:** Edgar G. King  
Director, Mid South Area

**FROM:** Craig Abel  
Acting Research Leader  
Southern Insect Management Research Unit

**NAME OF TRAVELER(S):** Carlos Blanco  
Research Entomologist  
USDA, ARS, MSA, SIMRU

**NAME OF CONTRIBUTOR:** T N & Associates, Inc.  
1033 N. Mayfair Road, Suite 200  
Milwaukee, Wisconsin 53226

**AMOUNT OF CONTRIBUTION:** Approximately \$ 1,600

**TYPE OF CONTRIBUTION:** Transportation, lodging and meals to be furnished "in-kind". ARS will pay allowable expenses not paid by contributor and continue to pay salary.

**PURPOSE OF TRAVEL:** Dr. Blanco has been invited to speak at the Development of Strategic Monitoring for Ecological Impacts from Crops with Plant Incorporated Protectants Conference.

**TRAVEL DATES:** August 2 - 6 , 2004

**APPROVED/NOT APPROVED:** \_\_\_\_\_  
Area Director, MSA Date

[print on letterhead] **Acceptance Letter**

June 12, 2004

David Eskew, Ph.D  
T N & Associates, Inc.  
704 S. Illinois Ave. Suite C-104  
Oak Ridge, Tennessee 37830

Dear Mr. Eskew:

This is in response to your emailed letter acknowledging that Dr. Carlos Blanco was asked to participate as a speaker on the program of the EPA's Development of Strategic Monitoring Programs for Ecological Impact from Plant Incorporated Protectants Conference in Arlington, VA, August 3-5, 2004.

We are pleased to advise you that Dr. Blanco will attend this conference and will accept your offer to pay travel expenses, in kind. We understand that you will reimburse establishments directly for meals and lodging and that airline tickets will be sent directly to Dr. Blanco. The Agricultural Research Service will continue to pay his salary and all additional travel expenses not paid by T N & Associates, Inc.

Sincerely,

EDGAR G. KING  
Area Director

## CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5

**ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES** requires in all cases that a conflict of interest analysis be performed by an authorized agency official. The "authorized official" is a designated Ethics Advisor or REE Ethics Advisor(s). To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. *Additional sheets may be attached if needed.*

**IMPORTANT: Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.**

In making this determination, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

(1) The identity of the non-Federal source (*see reverse for identifying information*);

**T N & Associates, Inc.**

(2) The purpose of the meeting or similar function;

**To develop strategic monitoring programs for ecological impact from plant incorporated protectants.**

(3) The identity of other expected participants;

**Bob Frederick (EPA), Phil Dale, Doug Gurian-Sherman, Sharlene Matten (EPA), Bruce Tabashnik (U of AZ), Tony Shelton, Klaus, Ammann, Wayne Parrott, LaReesa Wolfenbarger, Rich Hellmich (USDA-ARS), Jeff Wolt, Janice Thies, Neal Stewart, Mark Bagley, Jay Reichman, Terry Hurley, Steve Bartell, and Peter Kareiva.**

(4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;

**None.**

(5) The significance of the employee's role in any such matter specified in (4) above; and

**My role is to give a paper and participate in the discussion over the best strategic monitoring program effort.**

(6) The monetary value and character of the travel benefits offered by the non-Federal source.

**The monetary value would include value of air travel to Arlington, VA and per diem estimated to around \$1,600.**

**Analysis: Acceptance of the travel WOULD cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations?**

Yes \_\_\_\_\_ No X\_\_\_\_\_

**Explain your response to the above question: It is public information already.**

**NOTE: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.**

**The qualifications on acceptance, if any, are:**

**Recommendation of Ethics Advisor: Accept \_\_\_\_\_ Do Not Accept \_\_\_\_\_**

**Signature/Date: \_\_\_\_\_ / \_\_\_\_\_**

## RESEARCH, EDUCATION, AND ECONOMICS

### APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES

**This form must be completed in its entirety or it will be returned.** 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to: USDA, ARS, Financial Management Division (FMD), Travel & Relocation Services Branch (TRSB), Room 3-2176A, 5601 Sunnyside Ave., Beltsville, Maryland 20705-5114. For the period October 1 through March 31 - submit reports by April 15 and for the period April 1 through September 30 - submit reports by October 15. Each Approval and Report of Travel Funds Received From Non-Federal Sources must have a copy of the Letter of Offer, Conflict of Interest Analysis, and Letter of Acceptance attached when submitted to FMD.

Employee	Spouse(If Applicable)
1. Name: <b>Carlos</b> <b>Alberto</b> <b>Blanco</b> First              MI              Last	7. Name: _____ First          MI          Last  See FTR Chapter 304, Part 1, Acceptance of Payment From a Non-Federal Source for Travel Expenses and FPM Letter 451-7, Reimbursement of Travel Expenses of Individuals Attending Awards Ceremonies and REE Policy and Procedure 341.2, Acceptance of Travel Expenses from Non- Federal Sources  8. Beginning Date of Travel: _____-_____-_____  9. Ending Date of Travel : _____-_____-_____  10. Reason for Spouse's Travel _____  _____  _____
2. Position Title : <b>Research Entomologist</b>	
3. Duty Station : <b>USDA-ARS, SIMRU, Stoneville, MS 38776</b>	
4. Telephone No.: <b>(662)-686-5251</b>	
5. Beginning Date of Travel: <b>8-2-04</b>	
6. Ending Date of Travel : <b>8-6-04</b>	
NOTES: _____	

Event Information	Acceptance Information
9. Kind of event:(check one):  <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar  <input checked="" type="checkbox"/> Conference <input type="checkbox"/> Speaking Engagement  10.Location of Event:  <p style="text-align: center;"><b>Arlington,</b>                                        <b>VA</b> City    State/Country</p> 11. Title of Event: <b>Development of Strategic Monitoring for Ecological Impacts from Crops with Plant Incorporated Protectants</b>  12.Name of Event Sponsor: <b>Environmental Protection Agency</b> Address: <b>Environmental Protection Agency</b> <b>Ariel Rios Building</b> <b>1200 Pennsylvania Avenue, N.W.</b> <b>Washington, DC 20460</b>	13 What expenses are being paid for by the non-Federal source?  <input type="checkbox"/> Common Carrier <input type="checkbox"/> Lodging  <input type="checkbox"/> Meals <input type="checkbox"/> Other(Itemize)  14.Value (in U.S. Dollars) received from non-Federal source:  <input type="checkbox"/> In Kind                    \$ _____  <input type="checkbox"/> Paid to Agency        \$ _____  <input type="checkbox"/> Other (Explain) _____  _____  _____

I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.

Approving Official's \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**From:** Carolyn Norquist{PRIVATE }  
**To:** Actual Subsistence Group - 12/04  
**Date:** 12/17/04 1:01PM  
**Subject:** Outside Funds Report - Revised Form

The attached is the revised form that needs to be completed on all travel where outside funds is provided. DO NOT modify the form, it must be the same as the one attached. When completing the form make sure you have "Insert" off so you can "typeover" and you also need to turn your "underline" on with each line you complete.

You no longer have to wait for me to send out a notice that it is time to send in your outside funds reports. Once the trip is complete the form should be completed and sent to me. **Do not complete before the trip takes place.**

The report must be mailed or FedEx'd so that I will have the original signature.

**RESEARCH, EDUCATION, AND ECONOMICS**

**APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES**

**This form must be completed in its entirety or it will be returned.** 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total **more than \$250 per event**, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to: USDA, ARS, Financial Management Division (FMD), Travel & Relocation Services Branch (TRSB), Room 3-2176A, 5601 Sunnyside Ave., Beltsville, Maryland 20705-5114. For the period October 1 through March 31 - submit reports by **April 15** and for the period April 1 through September 30 - submit reports by **October 15**. Each Approval and Report of Travel Funds Received from Non-Federal Sources must have a copy of the Letter of Offer, Conflict of Interest Analysis, and Letter of Acceptance attached when submitted to FMD.

Employee	Spouse(if Applicable)
1. Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>	7. Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>
2. Position Title : _____	<p><b>See FTR Chapter 304, Part 1, Acceptance of Payment From a Non-Federal Source for Travel Expenses and FPM Letter 451-7, Reimbursement of Travel Expenses of Individuals Attending Awards Ceremonies and REE Policy and Procedure 341.2, Acceptance of Travel Expenses form Non-Federal Sources</b></p>
3. Duty Station : _____	
4. Telephone No.: (____) - _____ - _____	
5. Beginning Date of Travel: _____ - _____ - _____	
6. Ending Date of Travel : _____ - _____ - _____	
NOTES: _____ _____	8. Beginning Date of Travel: _____ - _____ - _____
	9. Ending Date of Travel : _____ - _____ - _____
	10. Reason for Spouse's Travel _____ _____

Event Information	Acceptance Information
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<p>9. Kind of event:(check one):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Meeting</p> <p><input type="checkbox"/> Conference</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Seminar</p> <p><input type="checkbox"/> Speaking Engagement</p> </div> </div> <p>10.Location of Event:</p> <p>_____ , _____  <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> <span>City</span> <span>State/Country</span> </div> </p> <p>11.Title of Event: _____</p> <p>12.Name of Event Sponsor: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">_____</p>	<p>13 What expenses are being paid for by the non-Federal source?</p> <p><input type="checkbox"/> Common Carrier \$ _____</p> <p><input type="checkbox"/> Lodging \$ _____</p> <p><input type="checkbox"/> Other(Itemize) \$ _____</p> <p style="margin-left: 40px;">_____</p> <p>14.Value (in U.S. Dollars) received from non-Federal source:</p> <p><input type="checkbox"/> In Kind \$ _____</p> <p><input type="checkbox"/> Paid to Agency \$ _____</p> <p><input type="checkbox"/> Other (Explain) _____</p>
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I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.

Approving Official's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **NON-GOVERNMENT, INVITATIONAL TRAVEL**

### **Procedures for handling Invitational Travel:**

When a research unit, location, or agency has offered to pay the travel expenses for a non-government person, an NFC Name Supplement File Form must be filled out and faxed to NFC and to Linda Robinson (662)686-5373 at the Area Office. This is the only way that a non-government, invitational traveler can be added to the NFC accounting system. The following are the steps in setting up and preparing travel documents for a non-government traveler.

1. All Travel Arrangers must have a profile in NFC's FFIS and TRVL systems for verification and security purpose before you can make arrangements of another traveler.
  - Complete the Name Supplement File Form and fax to NFC at 504-426-8864 and to Linda Robinson, Area Admin Office, at 662-686-5373. (Example of NFC's form is on next page).
2. Travel Arranger must complete the ARSPro1.xls spreadsheet and e-mail to Cack Norquist at Mid South Area office (662)686-5373.
  - Each traveler must have an authorization number
3. Once form is received, the Travel Arranger will receive a notice from Cack with the travelers' Member ID.
4. Travel Arranger must create the Travel Authorization in the NFC system once that non-government personnel has been added to the system. Be sure to use the code : **GV** in Method of Purchase block for common carrier.
5. Once the Travel Arranger receives the confirmation she/he will call EDS Call Center at 866-876-8020 to make the travel arrangements.
  - Notify the representative that this ticket will be charges on the **GVTS** account
  - Give Traveler Information
  - Traveler Authorization Number
  - Accounting Code
  - Purpose Code
6. The Travel Arranger and traveler will receive e-mails for travel reservations that were requested.
7. Tickets will be issued 3 days in advance of travel unless advise otherwise.

## Name Supplement File Form

Unified Travel System (TRVL)

Please add the following person to the Name Supplement File:

Traveler's Name:			Enter Code:	Action Code:
Last	First	MI	A	A = ADD U = UPDATE
.				
(Address Line 1)				
(Address Line 2)				
City		State	Zip Code	
Social Security Number:				
T & A Contact Number:				
Organizational Structure Code:				
Originating Office Number (OON):				
A	G			
Submitted by: _____			Date: _____	
(Please Print or Type)				
Phone Number: (____) _____				
<b>NFC</b>				

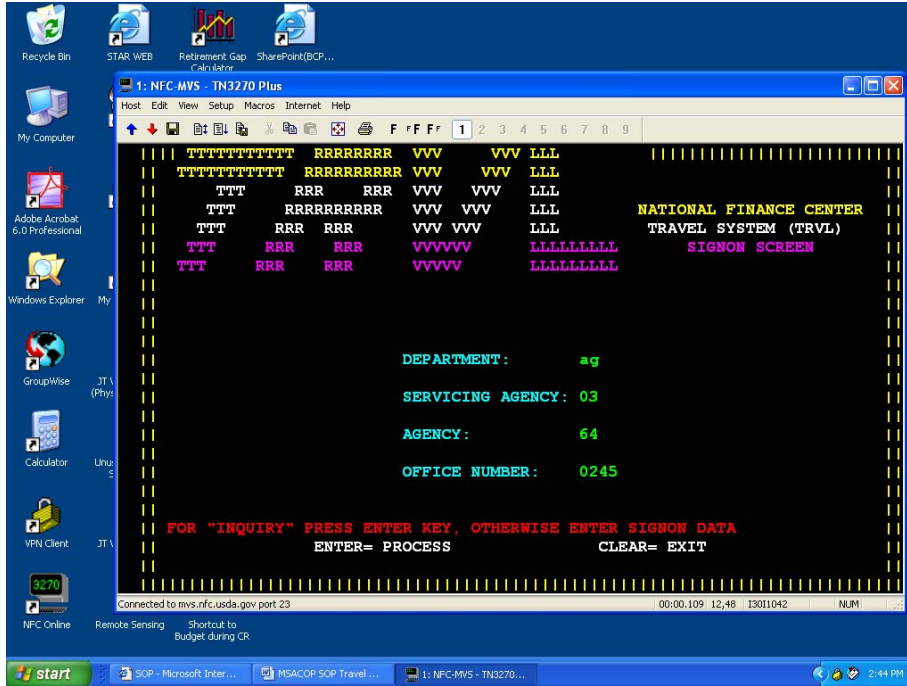
**Fax To Travel & Transportation Section, NFC: 504-426-9741**

Once this form has been sent to NFC and to Linda, you will need to fill out the ARS Pro.xls form which will need to be e-mailed to Cack at the Area Office. She will then put the traveler's information into the Travel Agency's system so that common carrier tickets may be purchased for this traveler. An example of this form is on the following page. Non-government, invitational travelers may be reimbursed for hotel and meals and inessentials at the per diem rate, parking, mileage to and from the common carrier drop off point. Non-government travelers **are not** entitled to receiving phone call reimbursement.

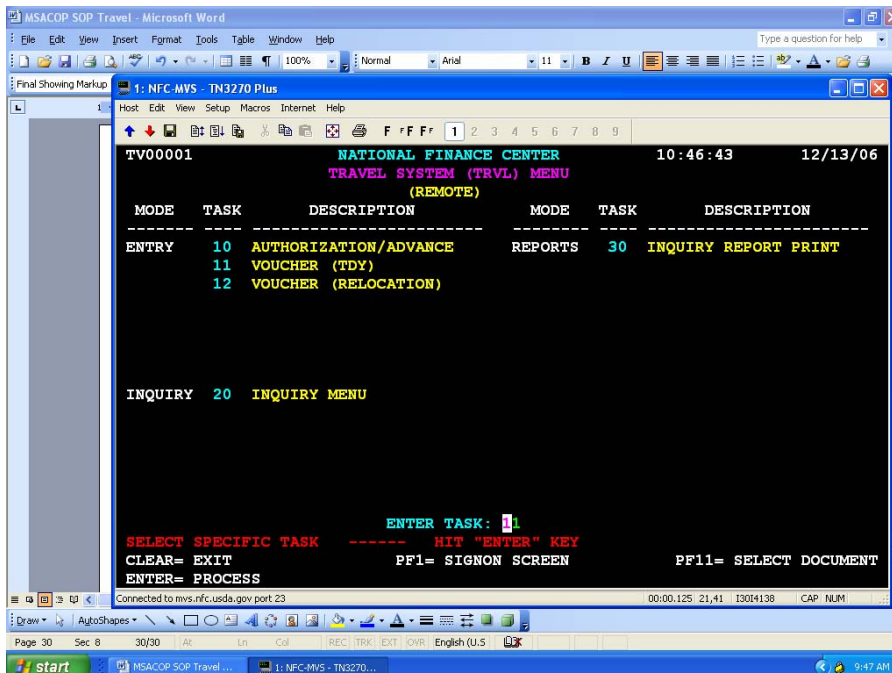


# Instructions for completing an AD-616

Log into Travel. At the screen below enter your OON.

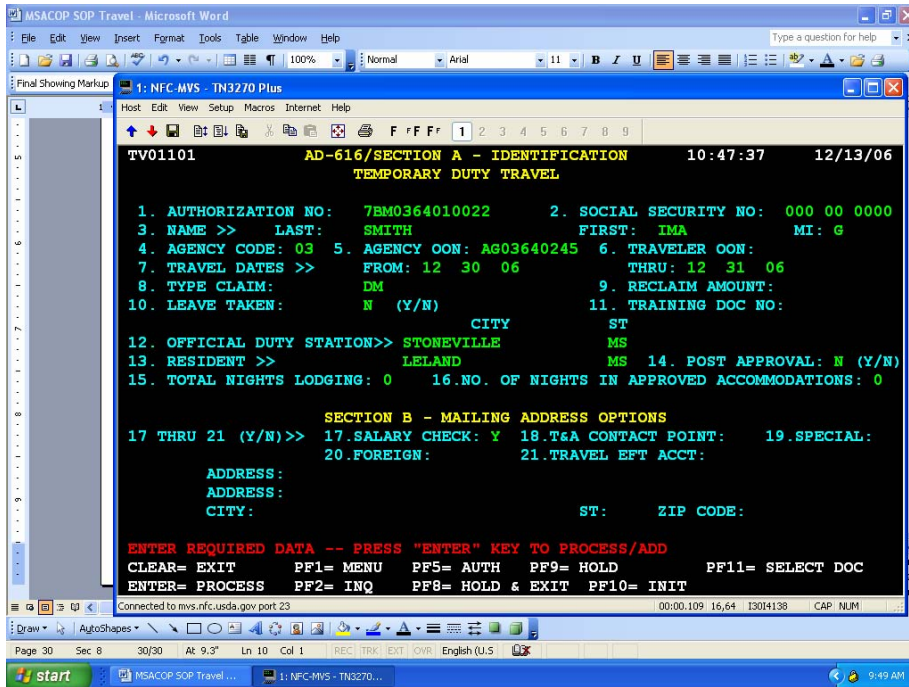


Press Enter. You should see the screen below.

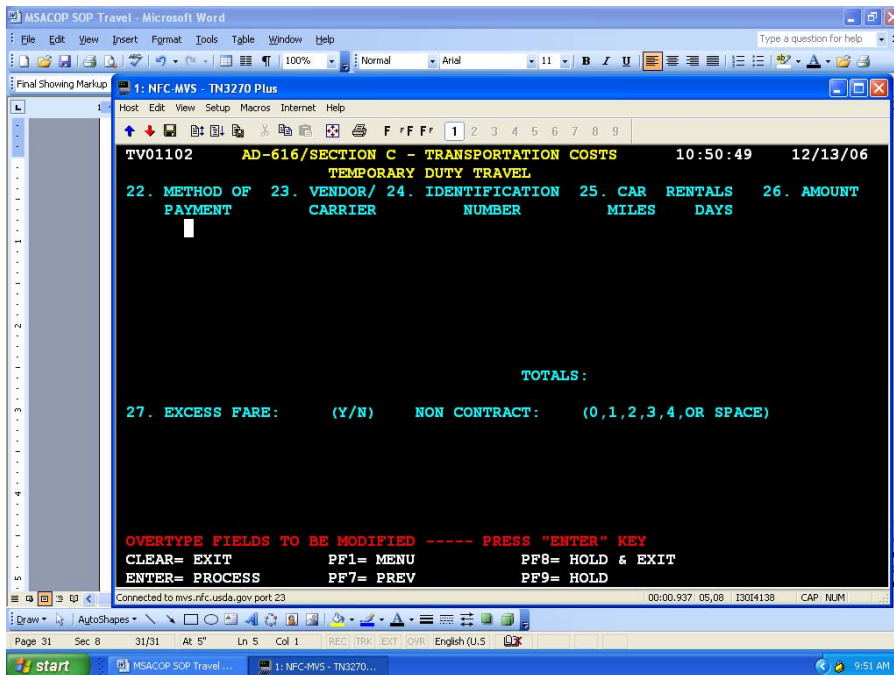


Enter Task:   11

You should see the screen below.

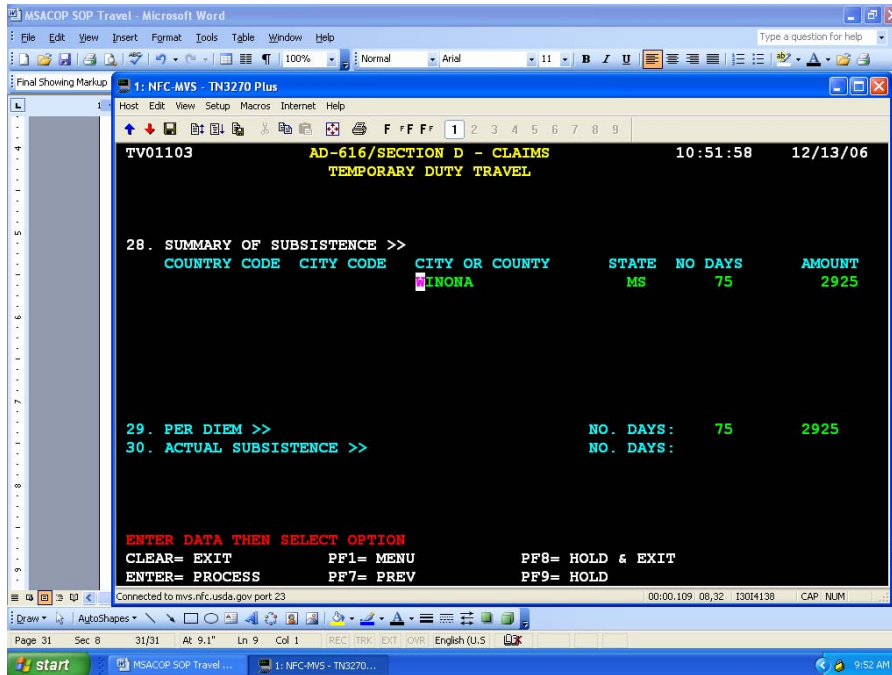


Enter the information and press **Enter**. You should see the screen below.

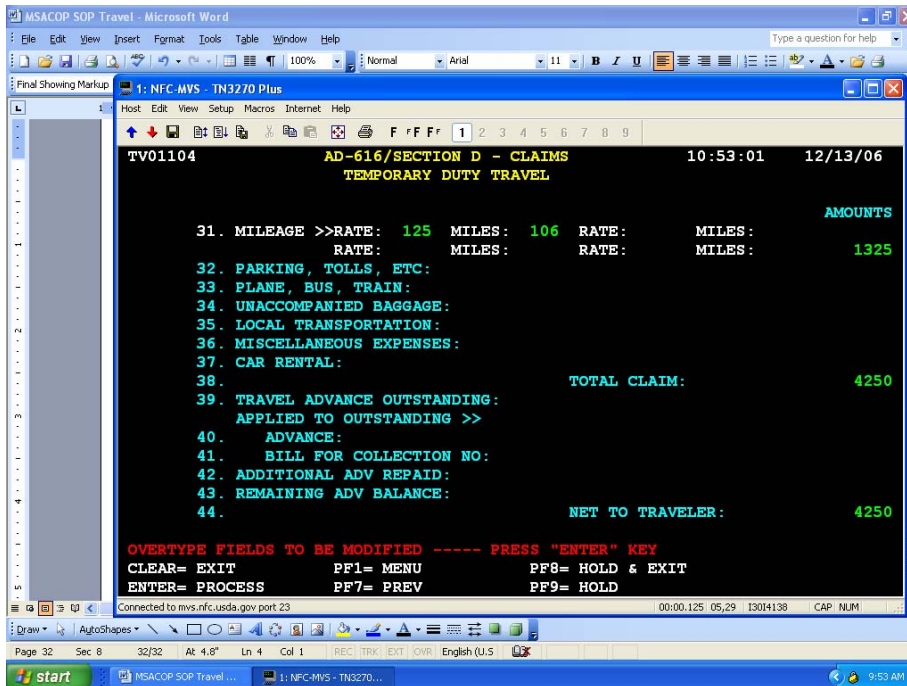


Enter information as necessary for air fare, bus, train, or rental car. Press **Enter**.

You should see the screen below.

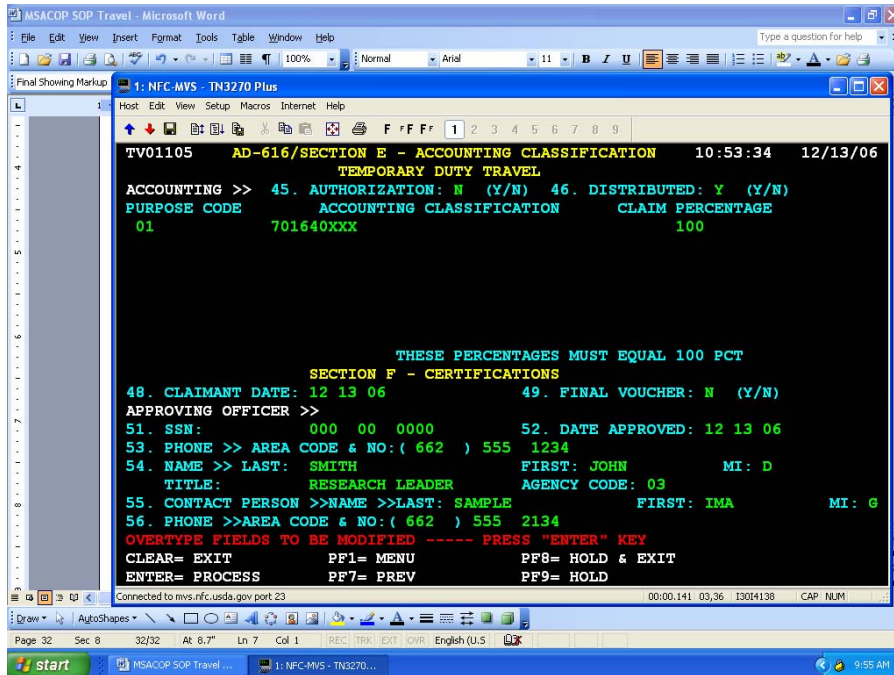


Enter the destination (city, state), number of days without decimals, and dollar amount, without decimals. Enter as per diem or actual subsistence as indicated on the authorization. Press **Enter**. You should see the screen below.



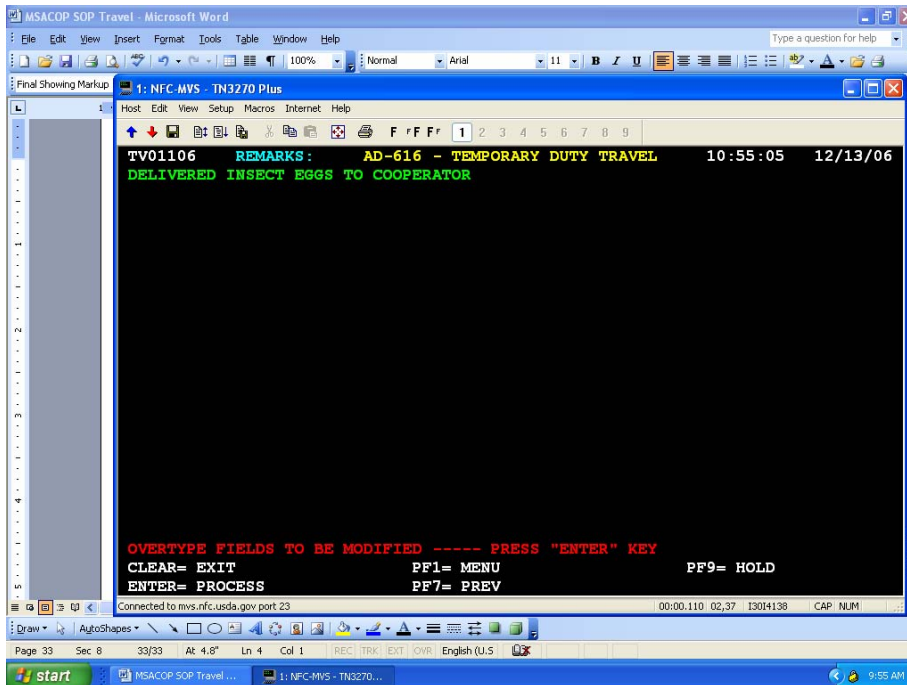
Enter items as claimed based on authorization. All amounts are entered without typing the decimal. Press **Enter**.

You should see the screen below.



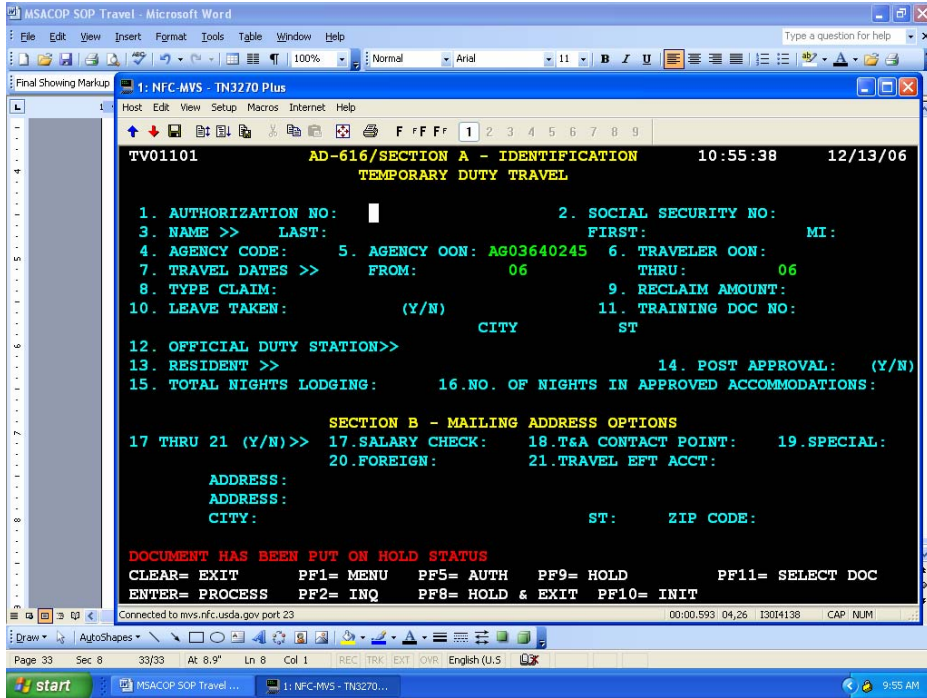
Enter the purpose code, accounting code, and claim percentage. Enter the certification information for the approving officer and the person who is entering the voucher. Press **PF9** to place the voucher on hold until it is signed by both the traveler and the approving officer.

You should see the screen below.

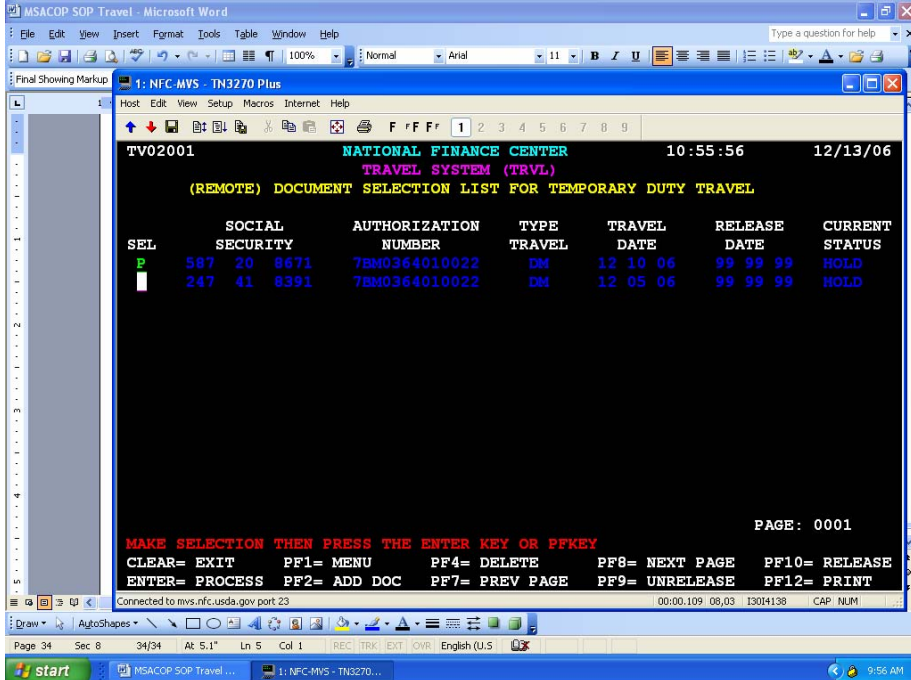


Enter the remarks and press **PF9** again.

You should see the screen below.



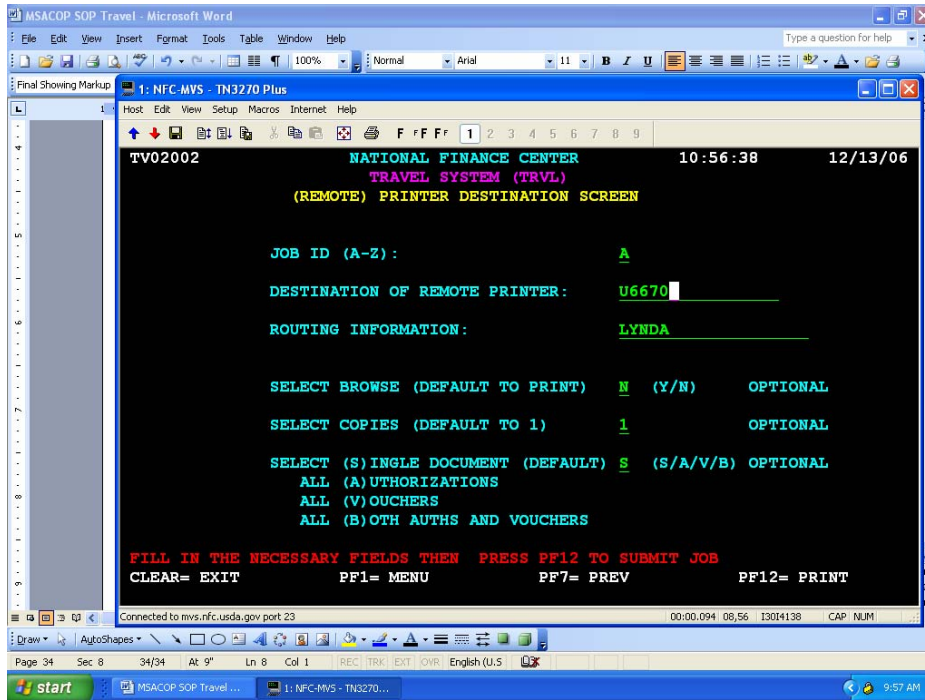
Press PF11 and you should see the screen below.



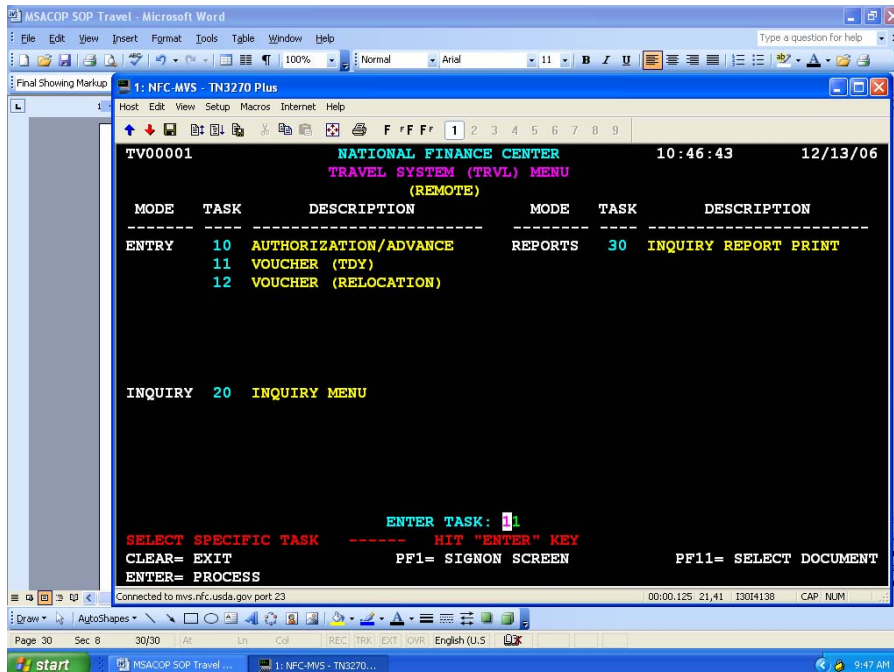
Type a P to the left of the voucher you wish to print. Then press PF12.



You should see the screen below.



Type the printer identification and routing information. Press **PF12**. You should see the screen below. You may now leave Travel. Press **PF1**. You should see the screen below.



Press **PF1** to scroll back to the login screen.

**From:** Carolyn Norquist{PRIVATE } (see table with revised fees)  
**To:** MSA All  
**Date:** 10/14/05 1:34PM  
**Subject:** EDS Fees

**Important Notice on EDS Ticketing Fees; please distribute to all travelers!**

Starting October 3, 2005, EDS began charging service fees directly to travelers for the use of the EDS system or call in reservation service. These fees will be charged directly to the charge card used to pay for the tickets issued. When a traveler uses their individually billed Bank of America Government charge card to pay for a ticket, they will receive a charge to their card for ticketing service.

EDS will notify the traveler of the amount of the fee using the email in the traveler's profile for that notification. If the traveler's email is incorrect or missing, EDS will not be able to provide notification. The USDA contract does not require EDS to use any form of communication other than email for the fee notification. It is important that traveler's verify their email with the reservation agent when purchasing tickets through EDS. If the email is incorrect, the reservation agent will be able to correct the traveler's profile.

If the ticket was paid using a GVTS account, the traveler should NOT claim the fee amount on their voucher. The amount of the fee will be entered into the TRVL system, but the payment method will be GV and the traveler will not be reimbursed directly for the fee. Any EDS fee for tickets charged to the GVTS account will be paid through the GVTS and not through reimbursement to the traveler.

EDS fees are:

\$27.09 for use of the call in service to purchase a airline ticket for an domestic flight.  
\$29.70 for use of the call in service to purchase an airline ticket for an international flight.  
\$11.00 for online reservation service that requires no agent intervention. Any communication with an agent, either through a subsequent call to the call in service or use of the "Message to agent" function on the online service will automatically elevate the service to a call in fee (see the two fees above). The \$11.00 is for either a foreign or a domestic ticket purchased on line.

EDS will also charge for delivery of paper ticket. This fee is in addition to any fee that the airline may charge for the issuance of a paper ticket. The additional EDS fee is for deliver paper ticket charges only. These fees are:

\$5.89 Paper Ticket Delivery (Delivery Charge in Addition to Transaction Fee)  
\$13.48 Paper Ticket with Express Delivery (Delivery Charge in Addition to Transaction Fee)  
\$29.56 Paper Ticket with Courier Delivery (Delivery Charge in Addition to Transaction Fee)

EDS fees are reimbursable and should be claimed on the travel voucher. A copy of the fee notification or a charge card statement with the notice of the fee should be attached to the voucher to confirm the fee charged. Travelers who have already filed vouchers without claiming the fee may file a supplemental voucher for the amount of the fee.

In the NFC TRVL system, the fee will be entered under Section C - Transportation Costs, as follows:

-- Line 22 Method of Payment, indicate payment method -- CC for fees charged to an individual's Bank of America Travel Card, and GV for fees charged to the GVTS (remember, the

amount of the fee, when paid by GVTS WILL NOT be entered as a miscellaneous expense and will only be entered under Section C with a GV payment indicator).

-- Line 23, Vendor/Carrier, enter "ED"

-- Line 24, Identification Number, enter the EDS Reference Number found on the email notification sent by EDS.

-- Line 25, Car Miles, leave blank (when entering EDS fees).

-- Line 26, Amount, enter the amount of the fee.

If the traveler receives more than one fee, they will receive multiple notices, and the different fees should be entered on separate lines. Traveler will receive more than one fee when they purchase a ticket and request deliver of a paper ticket -- they will receive a fee notice for the ticketing service and a fee notice for the delivery charge.

Travelers who use Southwest may also receive two fee notices. This will occur when their travel plans include using Southwest for a portion of the travel and another airline for the other leg(s) of the trip. Southwest does not participate in the airline fulfillment services that most airlines agree to use. As a result, Southwest tickets cannot be combined on tickets that include other airlines, and multiple tickets are issued -- one for the participating airlines and one for Southwest.

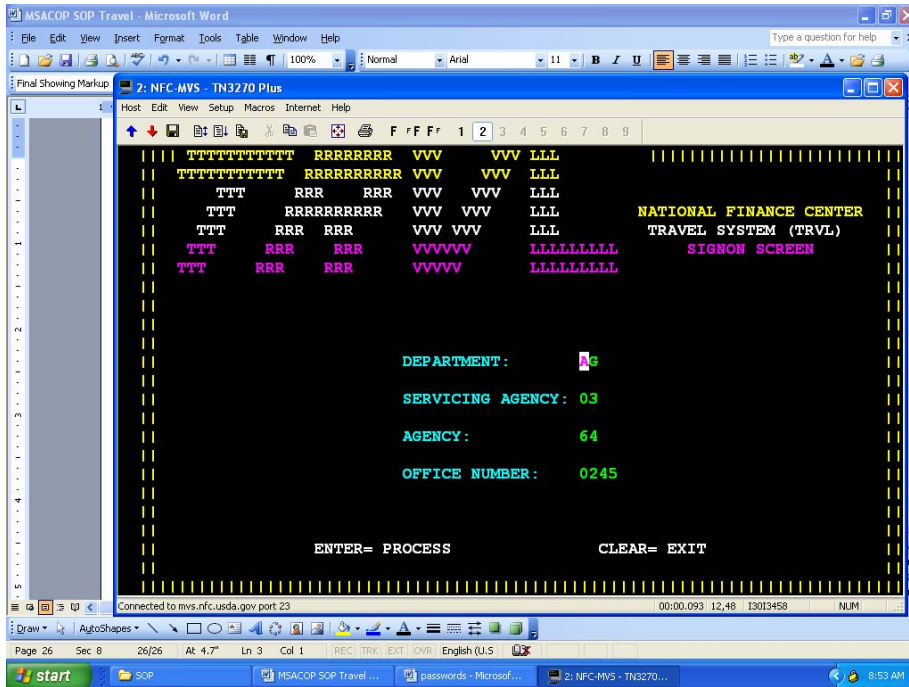
Cack Norquist  
Area Transportation Assistant  
USDA, ARS, Area Admin. Office  
P.O. Box 225  
Stoneville, MS 38776  
Voice (662) 686-5384  
FAX (662) 686-5373  
cnorquist@ars.usda.gov  
or  
[cnorquist@msa-stoneville.ars.usda.gov](mailto:cnorquist@msa-stoneville.ars.usda.gov)

**REVISED FEDTRAVELER FEES**  
Effective January

<b><u>Service</u></b>	<b><u>New Fee</u></b> (Effective January 1, 2007)	<b>Prior Fee</b> (Through December 31, 2007)
<b>Booking Fees</b>		
Domestic Travel <u>Call In</u> Airline and/or Rail Ticketing Service (hotel and/or car rental reservations on same itinerary included at no extra charge)	\$29.95	\$28.10
International Travel <u>Call In</u> Airline and/or Rail Ticketing Service (hotel and/or car rental reservations on same itinerary included at no extra charge)	\$34.25	\$22.40
Domestic or Foreign <u>Call In</u> hotel and/or car rental reservation (with no airline or rail reservation ticketing on the itinerary)	\$12.45 No Change (NC)	\$12.45
Domestic or Foreign <u>Online</u> Air and/or Rail Ticketing (hotel and/or car rental reservation on same itinerary included at no extra charge)**	\$10.03	\$8.18
Domestic or Foreign <u>Online</u> hotel and/or car rental reservation (no air or rail reservation ticketing on the itinerary)**	\$7.24 (NC)	\$7.24
<b>Paper Ticket Delivery Fees (in addition to booking fees when service is used)</b>		
Paper Ticket Delivery by U.S. Mail	\$6.73 (NC)	\$6.73
Paper Ticket Delivery by Express Delivery Service	\$15.45 (NC)	\$15.45
Paper Ticket Delivery by Courier	\$29.56 (NC)	\$29.56

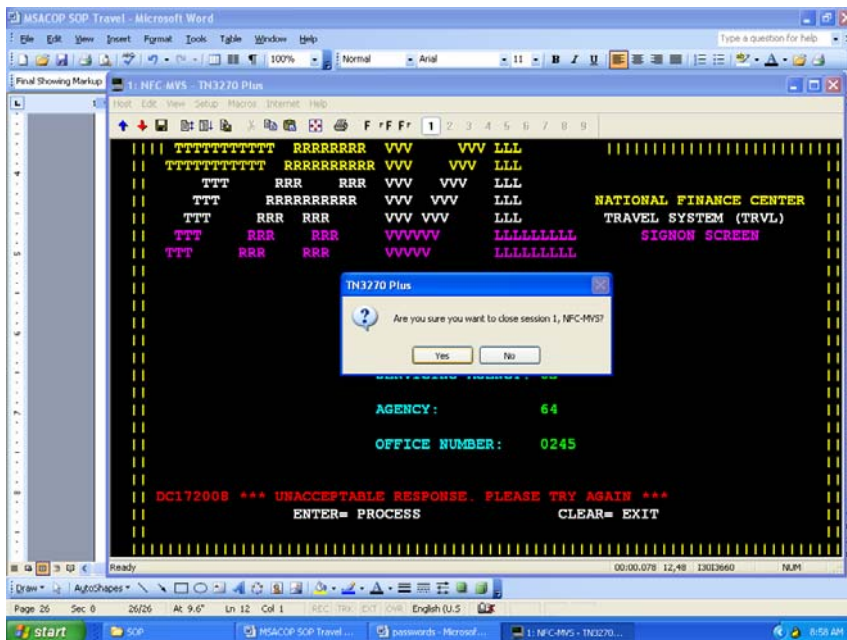
\*\* Remember – any agent intervention on an online booking will generate the fee associated with a call in booking. Agent intervention occurs when requesting special handling through the message feature on the online booking tool, or by a call to an agent subsequent to making reservations online.

You should see the screen below.



Using the mouse click the “red arrow” in the menu bar to disconnect.

You should see the screen below.



Answer Yes.

You should see the screen below.

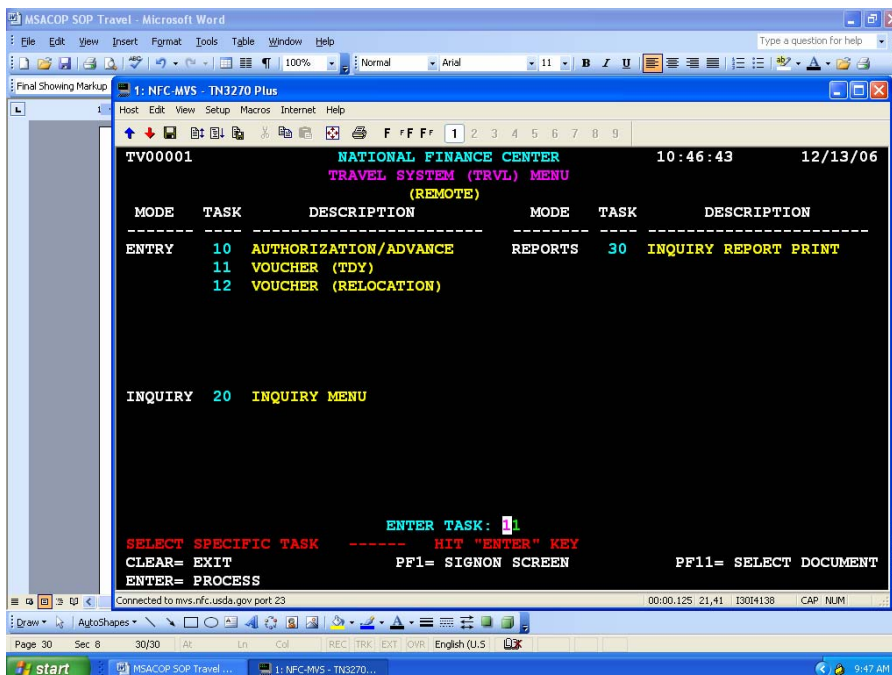


You may click on the **X** to close. Your document will be sent to your email for printing. Remember to disconnect and exit VPN.

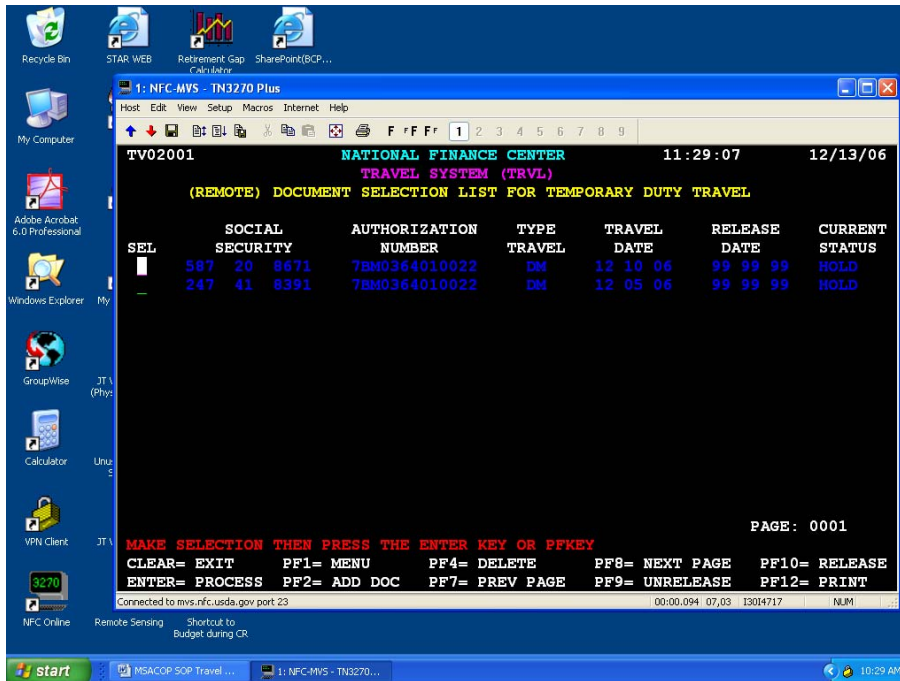
The document will come to your mailbox. Depending upon the activities of NFC this could take up to a day but usually is within the hour.

When you receive the email from NFC, open the pdf and select File > Print. At the print screen be sure the select from the drop down menu at Page Scaling select Fit to Paper, then print. Obtain the approving officer and traveler's signature.

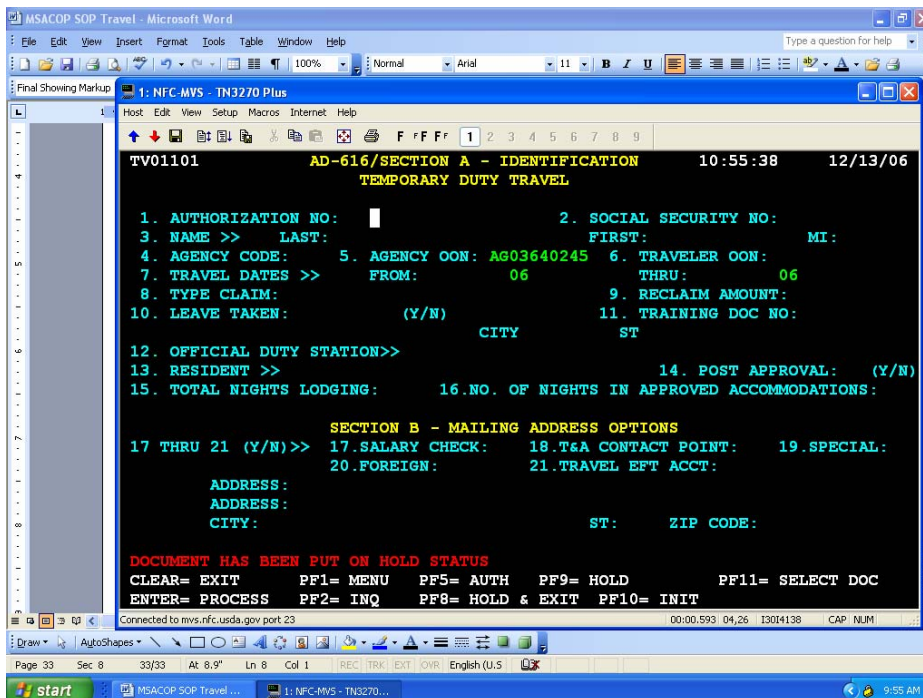
**Log into Travel.** Enter Task # 11 for Voucher (TDY).



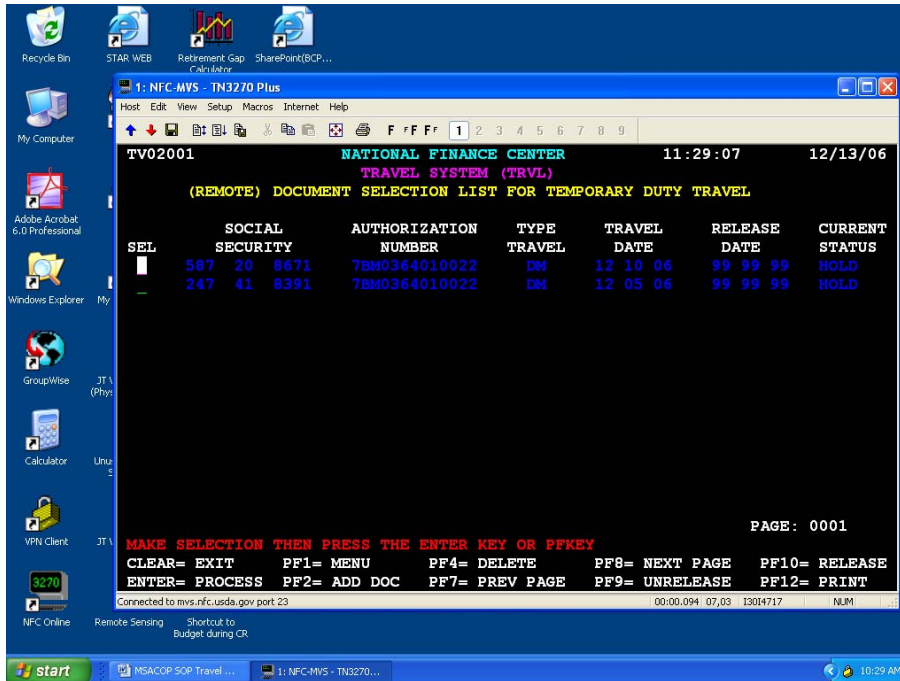
Press **PF11**. You should see the screen below.



Your voucher will be listed. Type an **S** on the line to the left of the voucher you wish to release, then press **Enter**. Go through the voucher and press **Enter** for each page of the voucher. When you press **Enter** at the remarks page of the voucher you should see the screen below.



Press **PF11** and you should see the screen below.



Type **R** to the left of the authorization you wish to release. Press **PF10**. The Current Status should show released, if not, repeat the R and **PF10**. If there is a problem you will see a message near the bottom in red.

Press **PF1** until you are at the login screen. Click on the "red arrow" to terminate the session. Remember to disconnect and exit VPN.



## **Agency – Training Electronic Reporting Instructions**

The new version of the Standard Form SF-182, Authorization, Agreement, and Certification of Training replaces all three parts of previous versions. The information on the form becomes a part of the permanent employment record of participants in training programs and contains core data elements required for reporting purposes in the Governmentwide electronic system, the Enterprise Human Resource Integration system (EHRI).

The originating office will use the following instructions for completing the SF-182:

### **General Instructions:**

1. You must complete all questions in sections A-F on the training application.
2. Electronic Requirements – An agency should only submit data for completed training that is defined as a training event for which the student has accomplished all components in the title of the event.
3. Collection of training data requires completed training events and that all mandatory data elements have been recorded. Training may vary from agency to agency. This form provides conformity and standardization for the required core data.
4. Codes for underlined elements will link you to the chart. Identify the correct code, and then return to the form (links will not automatically return you to the form).

## **Section A – Trainee Information**

1. **Applicant's Name** – Last Name, First Name, Middle Initial.
2. **Social Security Number** – Use employee's nine (9) digit SSN. (123-45-6789)  
**OR**  
**Federal Employee Number** – The unique number that Enterprise Human Resources Integration (EHRI) will assign to an employee to identify employee records within the EHRI system. (Agency)
3. **Date of Birth (format yyyy-mm-dd)** – Employee's date of birth (e.g. if employee's birth date is March 25, 1951, it would appear as (1951-03-25).
4. **Home Address** – Employee's home address, include the street number, city, state, and zip code. (Especially for OPM, FEI, and GSA courses)
5. **Home Telephone Number** – Employee's area code, home telephone number.
6. **Position Level** – Select whether the employee's position level is one of the following:
  - 6a **Non supervisory** – Anyone who does not have supervisory/team leader responsibilities.
  - 6b **Supervisory** – First line supervisors who do not supervise other supervisors; typically those who are responsible for an employee's performance appraisal or approval of their leave.
  - 6c **Manager** – Those in management positions who typically supervise one or more supervisors.
  - 6d **Executive** – Members of the Senior Executive Service (SES) or equivalent.
7. **Organization Mailing Address** – This is the internal agency address of the employee Branch-Division/Office/Bureau/Agency, include the street name, city, state and zip code.
8. **Office Telephone Number** – Insert the employee's area code, office telephone number and extension.
9. **(new field) Work E-mail Address** – Agency e-mail address. (Especially for OPM, FEI, and GSA courses)
10. **Position Title** – Employee's current position within the agency.
11. **Does Applicant Need Special Accommodations?** – Indicate "Yes" or "No". If the applicant is in need of special arrangements (brailing, taping, interpreters, facility accessibility, etc), describe the requirements in the space provided or on a separate sheet.
12. **Type of Appointment** – The employee type of appointment (e.g., Career Conditional (CC), Career (C), Temporary (Temp.), Schedule A, etc.)
13. **Education Level** – Use the employee educational level codes listed below.

**Section A – Trainee Information (Continued)**

<b><u>Code</u></b>	<b><u>Short Description</u></b>	<b><u>Long Description (If Applicable)</u></b>
1	No formal education or some elementary school—did not complete	Elementary school means grades 1 through 8, or equivalent, not completed.
2	Elementary school completed - no high school	Grade 8 or equivalent completed.
3	Some high school – did not graduate	High school means grades 9 through 12, or equivalent
4	High school graduate or certificate of equivalency	
5	Terminal occupational program – did not complete	Program extending beyond grade 12, usually no more than three years; designed to prepare students for immediate employment in an occupation or cluster of occupations; not designed as the equivalent of the first two or three years of a baccalaureate degree program. Includes cooperative training or apprenticeship consisting of formal classroom instruction coupled with on-the-job training.
6	Terminal occupational program—certificate of completion, diploma or equivalent	See code above for definition of terminal occupational program. Two levels are recognized: (1) The technical and/ or semi professional level preparing technicians or semiprofessional personnel in engineering and nonengineering fields; and (2) the craftsman/clerical level training artisans, skilled operators, and clerical workers.
7	Some college –less than one year	Less than 30 semester hours completed.
8	One year college	0-59 semester hours or 45-89 quarter hours completed.
9	Two years college	60-89 semester hours or 90-134 quarter hours completed.
10	Associate Degree	2-year college degree program completed.
11	Three years college	90-119 semester hours or 135-179 quarter hours completed.
12	Four years college	120 or more semester hours or 180 or more quarter hours completed—no baccalaureate (Bachelor's) degree.
13	Bachelor's Degree	Requires completion of at least four, but no more than five, years of academic work; includes Bachelor's degree conferred in a cooperative business, industry, or Government to allow student to combine actual work experience with college studies.
14	Post-Bachelor's	Some academic work beyond (at a higher level than) the Bachelor's degree but no additional higher degree.

## Section A – Trainee Information (Continued)

15	First Professional	Signifies the completion of academic requirements for selected professionals that are based on programs requiring at least two academic years of previous college work for entrance and a total of at least six academic years of college work for completion, e.g., Dentistry (D.D.S. or D.M.D.), Law (LL. B. or J.D.), Medicine (M.D.), Theology (B.D.), Veterinary Medicine (D.V.M.), Chiropody or Podiatry (D.S.C. or D.P.), Optometry (O.D.), and Osteopathy (D.O.).
16	Post-first professional	Some academic work beyond (at a higher level than) the first professional degree but no additional higher degree.
17	Master's degree	For liberal arts and sciences customarily granted upon successful completion of one (sometimes two) academic years beyond the Bachelor's degree. In professional fields, an advanced degree beyond the first professional but below the Ph.D., e.g., the LL.M.; M.S. in surgery following the M.D.; M.S.D., Master of Science in Dentistry; M.S.W., Master of Social Work, and MA, Master of Arts.
18	Post-Master's	Some academic work beyond (at a higher level than) the Master's degree but no higher degree.
19	Sixth-year degree	Includes such degrees as Advanced Certificate in Education, Advanced Master of Education, Advanced Graduate Certificate, Advanced Specialist in Education Certificate, Certificate of Advanced Graduate Study, Certificate of Advanced Study, Advanced Degree in Education, Specialist in Education, Licentiate in Philosophy, Specialist in Art, Specialist in Science, Specialist in School Administration, Specialists in School Psychology, and Licentiate in Sacred Theology.
20	Post-sixth year	Some academic work beyond (at a higher level than) the sixth-year degree but no additional higher degree.
21	Doctorate degree	Includes such degrees as Doctor of Education, Doctor of Juridical Science, Doctor of Public Health, and the Ph.D. (or equivalent) in any field. Does not include a Doctor's degree that is a first professional degree, per code 15.
22	Post-Doctorate	Work beyond the Doctorate.

14. **Pay Plan** – the employee's pay plan. (e.g., GS, WG, ES...Pay Band)

15. **Series** – The position classification four digit series. (e.g., 0201)

16. **Grade** – The employee's grade level. (1-15)

17. **Step** – The employee must insert the appropriate step. (1-10)

## **Section B – Training Course Data**

1a **Name and Mailing Address of Training Vendor** – Street number, city, state and Zip code of the appropriate vendor. Include in the mailing address the **Training Vendor code**.

e.g. Office of Personnel Management  
Eastern Management Development Center  
101 Lowe Drive  
Shepherdstown, WV 25443  
VID – 24000001FO B

The Originating office or Training Designee must request that the Vendor Coordinator search the FFIS VEND table to determine if the training vendor has been added. If the training vendor has not been added, the originating office or Training Designee must work with the Vendor Coordinator to obtain specific information from the vendor so that the Vendor Code can be added. (The Training Vendor Code can also be placed in Section C, Block 4 along with the Document/Purchasing Order/Requisition Number - See Section C, Block 4 for a list of FFIS REE Vendor Coordinators).

1b **Location of the Training Site** – Provide mailing address of the training site if different from 1a.

1c **(new field) Vendor Telephone Number** – Self explanatory.

1d **(new field) Vendor E-mail Address** – Self explanatory.

2a **Course Title** – Insert the title of the course or the program that the employee is scheduled to complete.

2b **Course Number Code** – Insert the Course Number Code. (if applicable)

3. **Training Start Date** – Insert the start date of the training completed by the employee. (yyyy-mm-dd).

4. **Training End Date** – Insert the end date of the training completed by the employee. (yyyy-mm-dd).

5. **Training Duty Hours** – Insert the number of duty hours for training.

6. **Training Non Duty Hours** – Insert the number of non-duty hour for training.

7. **Training Purpose Type** – Insert the purpose for taking this course or program using the appropriate training purpose type code.

**Section B – Training Course Date (Continued)**

<b>Code</b>	<b>Short Description</b>	<b>Long Description (If Applicable)</b>
01	Program/Mission	Training to provide the knowledge, skills and abilities needed as a result of agency mission, policies, or procedures
02	New Work Assignment	Training to acquire the knowledge, skills and abilities needed as a result of assignment to new duties and responsibilities when such training is not part of a planned, career development program (e.g., training provided to a staffing specialist who has been newly assigned to a position involving classification duties).
03	Improve/Maintain Present Performance	Training to provide the knowledge, skills and abilities needed to improve or maintain proficiency in present job.
04	Future Staffing Needs	Training to provide the knowledge, skills, and abilities needed to meet future staffing needs (e.g., to implement succession planning).
05	Develop Unavailable Skills	Training to acquire the knowledge, skills and abilities needed for fields of work for which the labor market cannot produce a sufficient number of trained candidates (e.g., air traffic controllers or Information Technology (IT) professionals).
06	Retention	Training/education used to address staffing issue of retaining an employee (e.g., academic degree training).

8. **Training Type Code** – There are three (3) different Training Type Codes. The employee must select one from the Training Type Codes. (Use the training type/sub-type codes listed below).

9. **Training Sub-Type Code** – There are Sub-Type Categories for each of the three (3) different Training Type Codes. Select one (1) Sub-Type Category code that applies to the training type code you selected. (Use the training type/sub-type codes listed below).

<b>Training Type Code</b>	<b>Training Sub Type Code</b>
01-Training Program Area Description: Functional or specialized training programs.	01-Legal Education or training in the concepts, principles, and theories, or techniques of medicine.
	02-Medical and Health Education or training in the concepts, principles and theories, techniques of medicine.
	03-Scientific Education or training in the concepts, principles and theories, techniques of disciplines such as the physical, biological, natural, and social sciences, education, economics, mathematics, or statistics.
	04-Engineering or Architecture Education or training in the concepts, principles, and theories, or techniques of disciplines such as architecture and engineering.
	05-Human Resources Education or training in the concepts, principles, and theories of such fields as: public administration, personnel training, equal employment opportunity, human resources policy analysis, succession planning, performance management, classification, and staffing.
	06-Budget/Finance Business Administration Education or training in the concepts, principles, and theories of business administration, accounts payable and receivables, auditing and internal control, and cash management.

**Section B – Training Course Date (Continued)**

<p>01-Training Program Area (continued)</p>	<p>07-Planning and Analysis Education or training in the concepts, principles, and theories of systems analysis; policy, program or management analysis, or planning, including strategic planning.</p>
	<p>08 – Information Technology Education or training in the concepts and application of data and the processing thereof, e.g., the automatic acquisition, storage, manipulation (including transformation), management, system analysis, movement, control, display, switching, interchange, transmission or reception of data, computer security and the development and use of the hardware, software, firmware, and procedures associated with this processing. This training type does not include any IT training on agency proprietary systems.</p>
	<p>09 – Project Management Education or training in the concepts, principles, and theories necessary to develop, modify, enhance a product, service, or system which is constrain by the relationships among scope, resources, and time.</p>
	<p>10 – Acquisition Education or training in the concepts, principles, and theories or techniques related to the 1102 occupation, e.g., procurement, contracting.</p>
	<p>11- Logistic Specialty Training for professional skills of a specialized nature in the methods and techniques of such fields as supply, procurement, transportation, or air traffic control.</p>
	<p>12- Security Training of a specialized nature in the methods and techniques of investigation, physical security, personal security, and police science.</p>
	<p>13- Clerical (non-Supervisory clerical/administrative) Training in skills such as office management, typing, shorthand, computer operating, letter writing, telephone techniques, or word processing.</p>
	<p>14- Trade and Craft Training in the knowledge, skills, and abilities in such fields as electronic equipment installation, maintenance, or repair, tool and die making, welding, and carpentry.</p>
	<p>15- Foreign Affairs Training for professional skills of a specialized nature in the methods and techniques of such fields as foreign languages, foreign culture, diplomacy, or strategic studies</p>
	<p>16- Leadership/Manager/Communications Courses Training that addresses skill areas such as Leadership/Management and Communication (e.g., written, oral and interpersonal) coursework.</p>
<p>02 – Developmental Training Area  Description: Formal developmental/training programs</p>	<p>20- Presupervisory Program Development/training program for non-supervisors.</p>
	<p>21- Supervisory Program Development/training program which provides education or training in supervisory principle and techniques in such subjects as personnel polices and practices (including equal employment opportunity, merit promotion, and labor relations), human behavior and motivation, communication processes in supervision, work planning, scheduling, and review, and performance evaluation for first-lines supervisors.</p>

**Section B – Training Course Date (Continued)**

<p>02 – Developmental Training Area (continued)</p>	<p>22- Management Program Development/training program which provides mid-management level education or training in the concepts, principles, and theories of such subject matters as public policy formulation and implementation, management principles and practices, quantitative approaches to management, or management planning organizing and controlling. (Supervisors of supervisors, GS-14/15 supervisors, GS-14-15 direct reports to SES)</p>
	<p>23- Leadership Development Program Formal development program that provides leadership training and development opportunities</p>
	<p>24- SES Candidate Development OPM-approved program to prepare potential SES members.</p>
	<p>25- Executive Development Continuing development for leaders above GS-15 level.</p>
	<p>26- Mentoring Program Formal stand-alone program with established goals and measured outcomes. Open to all who qualify, protégées and mentors paired to facilitate compatibility, training and support provided, and company benefits directly.</p>
	<p>27- Coaching Program Formal stand-alone program which provides ongoing partnership with an employee and coach that helps employee produce desired results in professional life.</p>
<p>03 - Basic Training Area</p> <p>Description: Fundamental and/or required training programs</p>	<p>30- Employee Orientation Training of a general nature to provide an understanding of the organization and missions of Federal Government, employing agency or activity, or a broad overview and understanding of matters of public policy.</p>
	<p>31 – Adult Basic Education Education or training to provide basic completeness in such subjects as remedial reading, grammar, arithmetic, lip reading or Braille.</p>
	<p>32 – Federally Mandated Training Mandatory training for all employees Governmentwide. This includes training mandated by federal statute or regulation; such as in the areas of computer security awareness (5 CFR 930.301-305), ethics (5 CFR 2638.703 and 704), or executives, managers, and supervisors (5 CFR Part 412).</p>
	<p>33 – Work-life Training to promote work-life (e.g., health and wellness training, employee retirement/benefits training, etc).</p>
	<p>34 – Soft Skills Training involving development of employee’s ability to relate to others (e.g., customer service, dealing with difficult people, etc).</p>
	<p>35 – Agency Required Training Agency specific training required by the agency and provided to Federal employees in order to achieve the goals and objectives of the Agency as needed. For example: agency training based on Inspector General’s Audit; agency training aimed at improving individual’s needs based on Performance Improvement Plan (PIP); agency training based on signing agreement between Union and Management.</p>



**Section B – Training Course Data (Continued)**

**10. (new field) Training Delivery Type Code –**

<b>Code</b>	<b>Short Description</b>	<b>Long Description (If Applicable)</b>
<b>01</b>	Traditional Classroom (no technology)	Individual or multiple led, face-to-face training.
<b>02</b>	On the Job	Formal methods/activities planned and structured to promote learning by doing; e.g., detail assignments/programs.
<b>03</b>	Technology Based	Methods mainly using technology, which may include tutorials embedded in software, CD ROM products, Web-based courses, and interactive medial.
<b>04</b>	Conference/workshop	An organized learning event which has an announced educational or instructional purpose; more than half the time is scheduled for a planned, organized exchange of information between presenters and audience which meets the definition of training in 5 U.S.C. 4110; content of the conference/retreat is germane to improving individual and/or organizational performance; and developmental benefits will be derived through the employee's attendance.
<b>05</b>	Blended	Training that requires two or more methods of delivery that must be completed in order to satisfy the educational requirements.
<b>06</b>	Correspondence	Self-study course material: Training provided via the assignment of non-interactive methods such as a book, document, regulation, or manual.

**11. (new field) Training Designation Type Code –** Select and insert the appropriate training credit designation type code:

<b>Code</b>	<b>Short Description</b>	<b>Long Description (If Applicable)</b>
<b>01</b>	Undergraduate Credit	N/A
<b>02</b>	Graduate Credit	N/A
<b>03</b>	Continuing Education Unit	N/A
<b>04</b>	Post Graduate Credit	N/A
<b>05</b>	N/A	N/A

**12. (new field) Training Credit –** Amount of academic credit hours of continued education units (1, 1.5, or .75) earned by the employee for the completed training. (This should be completed by the agency).

**13. (new field) Training Credit Type Code –** Select and insert the appropriate training credit designation type code:

<b>Code</b>	<b>Short Description</b>
<b>01</b>	Semester Hours
<b>02</b>	Quarter Hours
<b>03</b>	Continuing Education Unit

**Section B – Training Course Date (Continued)**

- 14. (new field) Training Accreditation Indicator** – Insert a Yes (Y) or No (N).
- 15. (new field) Continued Service Agreement Required Indicator** – Insert Yes (Y) or No (N) or non applicable (N/A) in appropriate space. (Agency response.)
- 16. (new field) Continued Service Agreement Expiration Date** – (Enter date as yyyy-mm-dd).
- 17. (new field) Training Source Type Code** –

<b>Code</b>	<b>Short Description</b>	<b>Long Description (If Applicable)</b>
<b>01</b>	Government Internal	Training provided by a Federal department, agency, or independent establishment for its own employees.
<b>02</b>	Governmental External	Training provided by an interagency training activity, or a Federal department, agency, or independent establishment other than the one which currently employs the trainee.
<b>03</b>	Non-government	Sources include commercial or industrial concern, educational institutions, professional societies or associations, or consultants or individuals who are not Government employees, (but are contracted to develop and/or provide training course or program.)
<b>04</b>	Government State/Local	Training provided by a state, county, or municipal Government. Education provided by State-operated or other public educational institutions is reported as non-Government.
<b>05</b>	Foreign Governments and Organizations	Training provided by non United States entities which may or may not be outside the United States.

- 18. (new field) Training Objectives** – It is important that the objectives for the employee(s) enrolling in this course or program are related to the strategic objectives of the organization for which the employee works. Provide text to explain how the training event meets agency objective(s) and purpose type.
- 19. Agency Use Only** – For use by an agency as needed.

**Section C – Costs and Billing Information**

- 1. Direct costs and appropriation/fund chargeable**
  - a. **Training Tuition and Fees Cost** – Insert the actual/final cost of training ...
  - b. **Books and Materials Costs** – Insert the materials cost for training...
  - c. **Total Cost** – Insert the actual/final cost.
- 2. Indirect costs and appropriation/fund chargeable**
  - a. **Training Travel Cost** – Insert the actual/final....
  - b. **Training Per Diem Cost** – Insert the actual/final....
  - c. **Total Cost** – Insert the actual/final cost.
- 3. Total Training Non-Government Contribution Cost** – Insert the cost contributed by the employee or other non-Government organizations for the training completed by the employee.

**Section C – Costs and Billing Information (continued)**

4. **Document/Purchase Order/Requisition Number** – Enter Document/Purchase/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced in the billing process. (Enter the Vendor Code either in Section B, Block 1a or in Section C, Block 4. If you do not know the Vendor Code, please contact your Vendor Coordinator)

**FFIS REE VENDOR COORDINATORS**

Office/Area	Vendor Coordinator	Email Address
REE	Angelia Fleming Loggie	Angelia.FlemingLoggie@ars.usda.gov
AFM, APD	Kathy Newton Shelia Tucker	kathy.newton@ars.usda.gov linda.tucker@ars.usda.gov
AFM, FMD	Laura Bailey Al Walker Tracy Darbro Shelia Johnson	lbailey@ars.usda.gov amwalker@ars.usda.gov tdarbro@ars.usda.gov sajohnson@ars.usda.gov
AFM, FD	Regina Herchak	regina.herchak@ars.usda.gov
NAL	Elizabeth Jackson	ejackson@nal.usda.gov
BA	Angela Wingert Teresa Wertz Nancy Gatdula	Angela.Wingert@ars.usda.gov Teresa.Wertz@ars.usda.gov Nancy.Gatdula@ars.usda.gov
MSA	Linda Robinson Huron Virden	linda.robinson@ars.usda.gov huron.virden@ars.usda.gov
MWA	LaShay Brown Robert Miller	lbrown@mwa.ars.usda.gov millerr@mwa.ars.usda.gov
NAA	Eileen Dolfman Joyce Hamilton	eileen.dolfman@ars.usda.gov joyce.hamilton@ars.usda.gov
NPA	Linda Sundstrom	linda.sundstrom@ars.usda.gov
PWA	Debby Cummings Lisa Jackson-Beitia	dcumming@pw.ars.usda.gov lbeitia@pw.ars.usda.gov
SAA	Valjean Farmer	valjean.farmer@ars.usda.gov
SPA	Anduin Jaster Freida Williams	ajaster@spa.ars.usda.gov fwilliams@spa.ars.usda.gov
ERS	Michael Moffett	mmoffett@ers.usda.gov
NASS	Dien Nguyen	dnguyen@nass.usda.gov
CSREES	Allison Opicka	Allison.opicka@ars.usda.gov

5. **8-Digit Station Symbol** – Fill in 8-digit station symbol of the nominating Agency Finance Office for billing purposes. (Enter the Agency Location Code (ALC)):  
**(ARS) – 12-40-0300**                      **(CSREES) – 12-40-2200**  
**(ERS) – 12-40-1800**                      **(NASS) – 12-40-2000**

**Section C – Costs and Billing Information (continued)**

6. **Billing Instructions** – Enter name and mailing address of nominating Agency Finance Office for billing purposes.

In Section C, Block 6, enter the appropriate billing address for the training facility to forward the invoice.

Payment Offices

**Agricultural Research Service**

- **All ARS Offices, except for Beltsville Area, Pacific West Area, and Southern Plains Area**  
USDA, OCFO  
Controller Operations Division, ACPRB  
ARS Operations Section  
P.O. Box 53326  
New Orleans, Louisiana 70153

**(SPECIAL INSTRUCTIONS FOR ARS OFFICES USING THE ARS OPERATIONS SECTION AS THE PAYMENT OFFICE)**

Forward the SF-182 to the ARS Operations Section upon signature of the training approver along with a screen print (preferred) of the VEND record. This is used to enter an obligation into FFIS so that funds are set aside until such time as the invoice is received from the vendor per the billing instructions in Section C, Block 6.

- **ARS, Beltsville Area**  
USDA-ARS-BA-BARC-WEST  
10300 Baltimore Avenue  
Rm. 301  
Beltsville, Maryland 20705
- **ARS, Pacific West Area**  
USDA-ARS-PWA  
Area Finance Office  
800 Buchanan Street  
Albany, CA 94710-1105
- **ARS, Southern Plains Area**  
USDA-ARS-SPA  
1001 Holleman Drive, East  
College Station, Texas 77840-4117

**Economic Research Service**

Administrative and Financial Services Unit  
Budget Execution  
1800 M Street N.W.  
Room N4186  
Washington, D.C. 20036  
FAX: 202-694-5757

**Section C – Costs and Billing Information (continued)**

**National Agricultural Statistics Service**

NASS/DAFO/BASO  
1400 Independence Avenue  
Room 5053 South Bldg.  
Washington, D.C. 20250

**Cooperative State Research Education and Extension Service**

FMD/FOB/OSII  
STOP 0307, Portals Building, Suite 580C  
Washington, D.C. 20024

**(SPECIAL INSTRUCTIONS FOR CSREES ONLY)**

To pay for training over \$2,500, each Unit will complete the SF-182 and obtain the necessary signatures. A document control number (DCN) should be assigned to the SF-182. The Unit will forward the completed SF-182 to their Financial Management Division (FMD) Accounting Technician. FMD will input into FFIS a manually entered obligated document (known as an MO).

For Section C, Block 6, each Unit will identify their respective address. Once the Unit receives an invoice, the invoice should be reviewed and signed by the Unit's Deputy Administrator. After signature, the invoice should be forwarded to FMD for payment processing. FMD will input into FFIS a payment document, known as a PV, referencing the MO originally established. This will initiate payment.

**Section D – Approvals**

1-1e. **Approvals** – To be completed by the employee's immediate and/or second-line supervisor(s) before submission of application to nomination Agency Training Office.

**Section E – Approvals/Concurrence**

1-1e. **Approval/Concurrence** – To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

**Section F – Certification of Training Completion and Evaluation**

**Note:** Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.601. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.

# AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement  
and submitting office number

B. Request Status (Mark (X) one)  
 Resubmission     Initial  
 Correction     Cancellation

## Section A - TRAINEE INFORMATION

Please read instructions on page 6 before completing this form

1. Applicant's Name (Last, First, Middle Initial)		2. Social Security Number/Federal Employee Number		3. Date of Birth (yyyy-mm-dd)	
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)		5. Home Telephone (Optional) (Include Area Code)		6. Position Level (Mark (X) one)	
				<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> b. Manager
				<input type="checkbox"/> c. Supervisory	<input type="checkbox"/> d. Executive
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency))		8. Office Telephone (Include Area Code and Extension)		9. Work Email Address	
10. Position Title		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level (click link to view codes or go to page 7)	14. Pay Plan	15. Series	16. Grade	17. Step

## Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)		1b. Location of Training Site (if same, mark box) <input type="checkbox"/>		
		1c. Vendor Telephone Number	1d. Vendor Email Address	
2a. Course Title	2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd)	4. Training End Date (Enter Date as yyyy-mm-dd)	
5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type (Click link to view codes or go to page 9)	8. Training Type Code (Click link to view codes or go to page 9)	
9. Training Sub Type Code (Click link to view codes or go to page 9)	10. Training Delivery Type Code (Click link to view codes or go to page 12)	11. Training Designation Type Code (Click link to view codes or go to page 13)	12. Training Credit	13. Training Credit Type Code (Click link to view codes or go to page 13)
14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)	17. Training Source Type Code (Click link to view codes or go to page 13)	
18. Training Objective			19. AGENCY USE ONLY	

## Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable		
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund
a. Tuition and Fees	\$		a. Travel	\$	
b. Books & Material Costs	\$		b. Per Diem	\$	
c. TOTAL	\$		c. TOTAL	\$	
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS (Furnish invoice to):		
4. Document / Purchasing Order / Requisition Number					
5. 8 - Digit Station Symbol (Example - 12-34-5678)					

**Section D - APPROVALS**

1a. Immediate Supervisor - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

2a. Second-line Supervisor - *Name and title*

2b. Area Code / Telephone Number

2c. Email Address

2d. Signature

2e. Date

3a Training Officer - *Name and title*

3b. Area Code / Telephone Number

3c. Email Address

3d. Signature

3e. Date

**Section E - APPROVALS / CONCURRENCE**

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

Approved     Disapproved

1e. Date

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

TRAINING FACILITY ~ Bills should be sent to office indicated in Item C6. † Please refer to number given in Item C4 to assure prompt payment.

## Privacy Act Statement

**Authority** – This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

**Purposes and Uses** – The primary purpose of the information collected is for use in the administration of the Federal Training Program (FTP) to document the nomination of trainees and completion of training. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the Governmentwide electronic system, (the Enterprise Human Resource Integration system (EHRI) and is subject to all of the published routine uses of that system of records.

**Effects and Nondisclosure** – Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

**Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b)** – Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the Executive Order 9397, dated November 22, 1943. Your SSN will be used primarily to give you recognition for completing the training and to accumulate Governmentwide training statistical data and information. SSNs also will be used for the selection of persons to be included in statistical studies of training management matters. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.



Note: This agreement must be signed by the nominee for Government training that exceeds 80 hours (or such other designated period, less than 80 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

## Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

### Employees Agreement to Continue in Service

#### To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

**NOTE:** For the purposes of this agreement the term "agency" refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR).  
<http://www.opm.gov/feodata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.

4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
  
5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
  
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Agency Training Electronic Reporting Instructions

## General Instructions:

1. You must complete all questions in sections A-E on the training application. In addition, your financial institution must complete Section F Certification of Training Completion and Evaluation section.
2. Electronic Requirements - An agency should only submit data for completed training that is defined as a training event for which the student has accomplished all components in the title of the event.
3. Collection of training data requires completed training events and that all mandatory data elements have been recorded. Training may vary from agency to agency. This form provides conformity and standardization for the required core data.
4. Codes for underlined elements will link you to the chart. Identify the correct code, then return to the form (links will not automatically return you to the form).

## Section A - Trainee Information

1. **Applicant's Name** - Last Name, First Name, Middle Initial.
2. **Social Security Number** - Use employee's nine (9) digit SSN. (123-45-6789)  
OR  
**Federal Employee Number** - The unique number that Enterprise Human Resources Integration (EHRI) will assign to an employee to identify employee records within the EHRI system. (Agency)
3. **Date of Birth (format yyyy-mm-dd)** - Employee's date of birth (e.g. if employee's birth date is March 25, 1951, it would appear as (1951-03-25).
4. **Home Address** - Employee's home address, include the street number, city, state, and zip code.
5. **Home Telephone Number** - Employee's area code, home telephone number.
6. **Position Level** - Select whether the employee's position level is one of the following:
  - 6a. **Non supervisory** - Anyone who does not have supervisory/team leader responsibilities.
  - 6b. **Supervisory** - First line supervisors who do not supervise other supervisors; typically those who are responsible for an employee's performance appraisal or approval of their leave.
  - 6c. **Manager** - Those in management positions who typically supervise one or more supervisors.
  - 6d. **Executive** - Members of the Senior Executive Service (SES) or equivalent.
7. **Organization Mailing Address** - This is the internal agency address of the employee Branch-Division/Office/Bureau/Agency, include the street name, city, state and zip code.
8. **Office Telephone Number** - Insert the employee's area code, office telephone number and extension.
9. **Work E-mail Address** - Agency e-mail address.
10. **Position Title** - Employee's current position within the agency.

**Section A - Trainee Information (Continued)**

11. **Does Applicant Need Special Accommodations?** - Indicate "Yes" or "No". If the applicant is in need of special arrangements (brailing, taping, interpreters, facility accessibility, etc), describe the requirements in the space provided or on a separate sheet.
12. **Type of Appointment** - The employee type of appointment (e.g., Career Conditional (CC), Career (C), Temporary (Temp.), Schedule A, etc.).
13. **Education Level** -Use the employee educational level codes listed below.

<b>Code</b>	<b>Short Description</b>	<b>Long Description (If Applicable)</b>
1	No formal education or some elementary school--did not complete	Elementary school means grades 1 through 8, or equivalent, not completed.
2	Elementary school completed--no high school	Grade 8 or equivalent completed.
3	Some high school--did not graduate	High school means grades 9 through 12, or equivalent.
4	High school graduate or certificate of equivalency	
5	Terminal occupational program--did not complete	Program extending beyond grade 12, usually no more than three years; designed to prepare students for immediate employment in an occupation or cluster of occupations; not designed as the equivalent of the first two or three years of a baccularate degree program. Includes cooperative training or apprenticeship consisting of formal classroom instruction coupled with on-the-job training.
6	Terminal occupational program--certificate of completion, diploma or equivalent	See code 5 above for definition of terminal occupational program. Two levels are recognized: (1) The technical and/ or semi-professional level preparing technicians or semiprofessional personnel in engineering and nonengineering fields; and (2) the craftsman/clerical level training artisans, skilled operators, and clerical workers.
7	Some college--less than one year	Less than 30 semester hours completed.
8	One year college	0-59 semester hours or 45-89 quarter hours completed.
9	Two years college	60-89 semester hours or 90-134 quarter hours completed.
10	Associate Degree	2-year college degree program completed.
11	Three years college	90-119 semester hours or 135-179 quarter hours completed.
12	Four years college	120 or more semester hours or 180 or more quarter hours completed--no baccularate (Bachelor's) degree.
13	Bachelor's Degree	Requires completion of at least four, but no more than five, years of academic work; includes Bachelor's degree conferred in a cooperative business, industry, or Government to allow student to combine actual work experience with college studies.

**Section A - Trainee Information (Continued)**

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
14	Post-Bachelor's	Some academic work beyond (at a higher level than) the Bachelor's degree but no additional higher degree.
15	First professional	Signifies the completion of academic requirements for selected professions that are based on programs requiring at least two academic years of previous college work for entrance and a total of at least six academic years of college work for completion, e.g., Dentistry (D.D.S. or D.M.D.), Law (LL. B. or J.D.), Medicine (M.D.), Theology (B.D.), Veterinary Medicine (D.V.M.), Chiropody or Podiatry (D.S.C. or D.P.), Optometry (O.D.), and Osteopathy (D.O.).
16	Post-first professional	Some academic work beyond (at a higher level than) the first professional degree but no additional higher degree.
17	Master's degree	For liberal arts and sciences customarily granted upon successful completion of one (sometimes two) academic years beyond the Bachelor's degree. In professional fields, an advanced degree beyond the first professional but below the Ph.D., e.g., the LL.M.; M.S. in surgery following the M.D.; M.S.D., Master of Science in Dentistry; M.S.W., Master of Social Work, and MA, Master of Arts.
18	Post-Master's	Some academic work beyond (at a higher level than) the Master's degree but no additional higher degree.
19	Sixth-year degree	Includes such degrees as Advanced Certificate in Education, Advanced Master of Education, Advanced Graduate Certificate, Advanced Specialist in Education Certificate, Certificate of Advanced Graduate Study, Certificate of Advanced Study, Advanced Degree in Education, Specialist in Education, Licentiate in Philosophy, Specialist in Guidance and Counseling, Specialist in Art, Specialist in Science, Specialist in School Administration, Specialist in School Psychology, and Licentiate in Sacred Theology.
20	Post-sixth year	Some academic work beyond (at a higher level than) the sixth-year degree but no additional higher degree.
21	Doctorate degree	Includes such degrees as Doctor of Education, Doctor of Juridical Science, Doctor of Public Health, and the Ph.D. (or equivalent) in any field. Does not include a Doctor's degree that is a first professional degree, per code 15.
22	Post-Doctorate	Work beyond the Doctorate.

14. **Pay Plan** - The employee's pay plan. (e.g., GS, WG, ES... **Pay Band**)

15. **Series** - The position classification four digit series. (e.g., 0201)

16. **Grade** - The employee's grade level. (1-15)

17. **Step** - The employee must insert the appropriate step. (1-10)

**Section B - Training Course Data**

- 1a. **Name and Mailing Address of Training Vendor** - Street number, city, state, and ZIP code of the appropriate vendor. (Agency specific)
- 1b. **Location of the Training Site** - Provide mailing address of the training site if different from 1a. (Agency specific)
- 1c. **Vendor Telephone Number** - Self explanatory. (Agency specific)
- 1d. **Vendor E-mail Address** - Self explanatory. (Agency specific)
- 2a. **Course Title** - Insert the title of the course or the program that the employee is scheduled to complete.
- 2b. **Course Number Code** - Insert the Course Number Code.
- 3. **Training Start Date** - Insert the start date of the training completed by the employee. (yyyy-mm-dd)
- 4. **Training End Date** - Insert the end date of the training completed by the employee. (yyyy-mm-dd)
- 5. **Training Duty Hours** - Insert the number of duty hours for training.
- 6. **Training Non Duty Hours** -Insert the number of non-duty hours for training.
- 7. **Training Purpose Type** - Insert the purpose for taking this course or program using the appropriate training purpose type code.

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Program/Mission	Training to provide the knowledge, skills and abilities needed as a result of agency mission, policies, or procedures.
02	New Work Assignment	Training to acquire the knowledge, skills and abilities needed as a result of assignment to new duties and responsibilities when such training is not part of a planned, career development program (e.g., training provided to a staffing specialist who has been newly assigned to a position involving classification duties).
03	Improve/Maintain Present Performance	Training to provide the knowledge, skills and abilities needed to improve or maintain proficiency in present job.
04	Future Staffing Needs	Training to provide the knowledge, skills, and abilities needed to meet future staffing needs (e.g., to implement succession planning).
05	Develop Unavailable Skills	Training to acquire the knowledge, skills and abilities needed for fields of work for which the labor market cannot produce a sufficient number of trained candidates (e.g., air traffic controllers or Information Technology (IT) professionals).
06	Retention	Training/education used to address staffing issue of retaining an employee (e.g., academic degree training).

- 8. **Training Type Code** - There are three (3) different Training Type Codes. The employee must select one from the Training Type Codes. (Select from the chart on pages 10-12 .)
- 9. **Training Sub-Type Code** - There are *Sub-Type Categories* for each of the three (3) different Training Type Codes. Select one (1) Sub-Type Category code that applies to the training type code you selected. (Select from the chart on pages 10-12.)

**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
<p>01 - Training Program Area</p> <p>Description: Functional or specialized training programs.</p>	<p>01 - Legal</p> <p>Education or training in the concepts, principles, and theories, or techniques of law.</p>
	<p>02 - Medical and Health</p> <p>Education or training in the concepts, principles, and theories, or techniques of medicine.</p>
	<p>03 - Scientific</p> <p>Education or training in the concepts, principles, and theories, or techniques of disciplines such as the physical, biological, natural, and social sciences; education; economics; mathematics; or statistics.</p>
	<p>04 - Engineering or Architecture</p> <p>Education or training in the concepts, principles, and theories, or techniques of disciplines such as architecture and engineering.</p>
	<p>05 - Human Resources</p> <p>Education or training in the concepts, principles, and theories of such fields as: public administration, personnel training, equal employment opportunity, human resources policy analysis, succession planning, performance management, classification, and staffing.</p>
	<p>06 - Budget/Finance Business Administration</p> <p>Education or training in the concepts, principles, and theories of business administration, accounts payable and receivable, auditing and internal control, and cash management.</p>
	<p>07 - Planning and Analysis</p> <p>Education or training in the concepts, principles, and theories of systems analysis; policy, program or management analysis; or planning, including strategic planning.</p>
	<p>08 - Information Technology</p> <p>Education and training in the concepts and application of data and the processing thereof; e.g., the automatic acquisition, storage, manipulation (including transformation), management, system analysis, movement, control, display, switching, interchange, transmission or reception of data, computer security and the development and use of the hardware, software, firmware, and procedures associated with this processing. This training type does not include any IT training on agency proprietary systems.</p>
	<p>09 - Project Management</p> <p>Education and training in the concepts, principles, and theories necessary to develop, modify, or enhance a product, service, or system which is constrained by the relationships among scope, resources, and time.</p>
	<p>10 - Acquisition</p> <p>Education or training in the concepts, principles, and theories or techniques related to the 1102 occupation, e.g., procurement, contracting.</p>
	<p>11 - Logistic Specialty</p> <p>Training for professional skills of a specialized nature in the methods and techniques of such fields as supply, procurement, transportation, or air traffic control.</p>
	<p>12 - Security</p> <p>Training of a specialized nature in the methods and techniques of investigation, physical security, personal security, and police science.</p>

**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
<p>01 - Training Program Area <i>(continued)</i></p>	<p>13 - Clerical (Non-supervisory clerical/administrative) Training in skills such as office management, typing, shorthand, computer operating, letter writing, telephone techniques; or word processing.</p>
	<p>14 - Trade and Craft Training in the knowledge, skills, and abilities needed in such fields as electronic equipment installation, maintenance, or repair; tool and die making; welding, and carpentry.</p>
	<p>15 - Foreign Affairs Training for professional skills of a specialized nature in the methods and techniques of such fields as foreign languages, foreign culture, diplomacy, or strategic studies.</p>
	<p>16 - Leadership/Manager/Communications Courses Training that addresses skill areas such as Leadership/Management and Communication (e.g., written, oral and interpersonal) coursework.</p>
<p>02 - Developmental Training Area  Description: Formal developmental/training programs.</p>	<p>20 - Presupervisory Program Development/training program for non-supervisors.</p>
	<p>21 - Supervisory Program Development/training program which provides education or training in supervisory principles and techniques in such subjects as personnel policies and practices (including equal employment opportunity, merit promotion, and labor relations); human behavior and motivation; communication processes in supervision, work planning, scheduling, and review; and performance evaluation for first-line supervisors.</p>
	<p>22 - Management Program Development/training program which provides mid-management level education or training in the concepts, principles, and theories of such subject matters as public policy formulation and implementation, management principles and practices, quantitative approaches to management, or management planning organizing and controlling. (Supervisors of supervisors; GS-14/15 supervisors; GS-14/15 direct reports to SES).</p>
	<p>23 - Leadership Development Program Formal developmental program that provides leadership training and development opportunities.</p>
	<p>24 - SES Candidate Development OPM-approved program to prepare potential SES members.</p>
	<p>25 - Executive Development Continuing development for leaders above the GS-15 level.</p>
	<p>26 - Mentoring Program Formal stand-alone program with established goals and measured outcomes. Open to all who qualify; protégées and mentors paired to facilitate compatibility, training and support provided, and company benefits directly.</p>
	<p>27 - Coaching Program Formal stand-alone program which provides ongoing partnership with an employee and coach that helps employee produce desired results in professional life.</p>



**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
<p>03 - Basic Training Area</p> <p>Description: Fundamental and/or required training programs.</p>	<p>30 - Employee Orientation</p> <p>Training of a general nature to provide an understanding of the organization and missions of the Federal Government, employing agency or activity, or a broad overview and understanding of matters of public policy.</p>
	<p>31 - Adult Basic Education</p> <p>Education or training to provide basic completeness in such subjects as remedial reading, grammar, arithmetic, lip reading or Braille.</p>
	<p>32 - Federally Mandated Training</p> <p>Mandatory training for all employees Governmentwide. This includes training mandated by federal statute or regulation; such as in the areas of computer security awareness (5 CFR 930.301-305), ethics (5 CFR 2638.703 and 704), or executives, managers, and supervisors (5 CFR Part 412).</p>
	<p>33 - Work-life</p> <p>Training to promote work-life (e.g., health and wellness training, employee retirement/benefits training, etc).</p>
	<p>34 - Soft Skills</p> <p>Training involving development of employees ability to relate to others (e.g., customer service, dealing with difficult people, etc).</p>
<p>35 - Agency Required Training</p> <p>Agency specific training required by the agency and provided to Federal employees in order to achieve the goals and objectives of the Agency as needed. For example: agency training based on Inspector General's Audit; agency training aimed at improving individual's needs based on Performance Improvement Plan (PIP); agency training based on signing agreement between Union and Management.</p>	

**10. Training Delivery Type Code –**

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Traditional Classroom (no technology)	Individual or multiple person led, face-to-face training.
02	On the Job	Formal methods/activities planned and structured to promote learning by doing; e.g., detail assignments/programs.
03	Technology Based	Methods mainly using technology, which may include tutorials embedded in software, CD ROM products, Web-based courses, and interactive media.
04	Conference/workshop	An organized learning event which has an announced educational or instructional purpose; more than half the time is scheduled for a planned, organized exchange of information between presenters and audience which meets the definition of training in 5 U.S.C. 4110; content of the conference/retreat is germane to improving individual and/or organizational performance; and developmental benefits will be derived through the employee's attendance.
05	Blended	Training that requires two or more methods of delivery that must be completed in order to satisfy the educational requirements.
06	Correspondence	Self-study course material: Training provided via the assignment of non-interactive methods such as a book, document, regulation, or manual.

**Section B - Training Course Data (Continued)**

11. **Training Designation Type Code** - Select and insert the appropriate training credit designation type code:

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Undergraduate Credit	N/A
02	Graduate Credit	N/A
03	Continuing Education Unit	N/A
04	Post Graduate Credit	N/A
05	N/A	N/A

12. **Training Credit** - Amount of academic credit hours of continued education units (1, 1.5, or .75) earned by the employee for the completed training. (This should be completed by the agency).

13. **Training Credit Type Code** - Select and insert the appropriate training credit designation type code:

<u>Code</u>	<u>Short Description</u>
01	Semester Hours
02	Quarter Hours
03	Continuing Education Unit

14. **Training Accreditation Indicator** - Insert a Yes (Y) or No (N).

15. **Continued Service Agreement Required Indicator** - Insert Yes (Y) or No (N) or non applicable (N/A) in appropriate space. (Agency response.)

16. **Continued Service Agreement Expiration Date** - (Enter date as yyyy-mm-dd).

17. **Training Source Type Code** --

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Government Internal	Training provided by a Federal department, agency, or independent establishment for its own employees.
02	Government External	Training provided by an interagency training activity, or a Federal department, agency, or independent establishment other than the one which currently employs the trainee.
03	Non-government	Sources include commercial or industrial concern, educational institutions, professional societies or associations, or consultants or individuals who are not Government employees, (but are contracted to develop and/or provide training course or program.)
04	Government State/Local	Training provided by a state, county, or municipal Government. Education provided by State-operated or other public educational institutions is reported as non-Government.
05	Foreign Governments and Organizations	Training provided by non United States entities which may or may not be outside the United States.

18. **Training Objectives** - It is important that the objectives for the employee(s) enrolling in this course or program is related to the strategic objectives of the organization for which the employee works. Provide text to explain how the training event meets agency objective(s) and purpose type.

19. **Agency Use Only** -For use by an agency as needed.

## Section C - Costs and Billing Information

1. **Direct costs and appropriation/fund chargeable**
  - a. **Training Tuition and Fees Cost** - Insert the actual/final cost of training tuition and fees for training completed by the employee that was paid for by the Federal Government.
  - b. **Books and Materials Costs** - Insert the materials cost for training completed by the employee that was paid for by the Federal Government. (Refer to the Guide for Human Resources Reporting Guide at <http://www.opm.gov/feddata/guidance.asp> for more information).
  - c. **Total Cost** - Insert the actual/final cost.
2. **Indirect costs and appropriation/fund chargeable**
  - a. **Training Travel Cost** - Insert the actual/final travel cost excluding per diem for training completed by the employee that was paid for by the Federal Government.
  - b. **Training Per Diem Cost** - Insert the actual/final per diem cost (e.g., meals, lodging, miscellaneous expenses) for training completed by the employee that was paid for by the Federal Government.
  - c. **Total Cost** - Insert the actual/final cost.
3. **Total Training Non-Government Contribution Cost** - Insert the cost contributed by the employee or other non-Government organizations for the training completed by the employee.
4. **Document/Purchase Order/Requisition Number** - Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced in the billing process.
5. **8-Digit Station Symbol** - Fill in 8-digit station symbol of the nominating Agency Finance Office.
6. **Billing Instructions** - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

## Section D - Approvals

- 1-3e. **Approvals** - To be completed by the employee's immediate and/or second-line supervisor(s) before submission of application to nomination Agency Training Office.

## Section E - Approvals/Concurrence

- 1-1e. **Approval/Concurrence** - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

## Section F - Certification of Training Completion and Evaluation

**NOTE:** Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.601. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.

Traveling?

Just The FAQs, Mam



### **TRAVEL AUTHORIZATIONS**

*Q. How do you know which travel authorizations are to be sent to the Area for their approval and which ones can be approved at the location level?*

A. All foreign travel, all invitational or non-government employee travel, all travel to national and international conferences, and blanket authorizations are to be sent to the Area Office for their approval. They will release the government employee travel and will advise the location when approval for non-government has been approved so the location can release the authorization. If the Area releases the non-government authorization, then the travel voucher must be processed through the Area Office. Also, once a travel authorization has been released, it cannot be unreleased.

All site visits, and informational meetings can be approved at the location levels.

*Q. When do you have to **amend** and Authorization and when is it alright to **post approve** the Travel Voucher?*

A. If the traveler is staying in a different city than what was on the authorization and the lodging rate in the new city falls under the per diem rate, then you can post approve the voucher.

#### **You cannot use Post Approval if:**

- Actual subsistence is needed and the authorization was created using per diem
- Filing for POV mileage if it was not on the original authorization
- Filing for payment of a Rental Car if it was not on the original Authorization
- Filing for payment of common carrier using GVTS if CC was noted on the original authorization.
- And – if the total voucher amount exceeds the total authorization amount, cannot post approve the extra charges, the authorization **MUST** be amended.

### **GOVERNMENT ISSUED TRAVEL CARD**

*Q. Can I use the government issued travel card to purchase other, personal things besides meals, lodging and airline/train tickets when I am on official travel? The card is issued to me, and I am responsible for paying the bill.*

A. No! Even though the bill is sent you to for payment, this would be considered misuse of the government issued travel card. If you misuse the travel card by purchasing personal items, then you could lose the card, its privileges and face legal issues.

*Q. Can I use the government issued travel card to pay for the conference registration fees?*

A. No. The policy has changed to where the traveler must pay for his/her conference fees by using the purchase card.

*Q. If I am on official travel and the meeting I am attending charges a registration fee but does not take credit cards, how can I pay the fees?*

A. You will need to pay the fees with a personal check or cash.

*Q. If I pay for the fees by personal check or credit card, then would I file for reimbursement on my travel voucher?*

A. No. You can be reimbursed for this expense but you will have to file an SF1164, "Claim for Reimbursement for Expenditure on Official Business."

### **TRAVEL BY POV**

*Q. If a traveler is taken and dropped off at the Airport (or Common Carrier Terminal) and then picked up from the airport, will he/she get reimbursed at the \$0.485 per mile or should it be the \$0.125?*

A. POV to the airport – When the traveler is transported to the airport and picked up at the airport upon return from travel, mileage for two round trips will be allowed at \$0.485 per mile as long as it is not more than what it would have cost had the traveler had two one-way trips and airport parking for the duration of the trip.

*Q. How do you figure Cost Comparisons on trips that travelers decided they prefer to take their POVs rather than fly which is the official method of travel.*

A. Cost comparisons are figured using the \$0.485 per mile and you figure the total trip, hotel, per diem, parking, airfare (or other common carrier tickets), etc. Then you will compare the expected cost of "flying" to the expected costs related to "driving". Also the traveler is given only 1 day for travel day going and returning. Therefore, you do not include a night's rest should the traveler have to spend the night on the road before reaching their destination.

### **INTERNATIONAL TRAVEL FAQS:**

*Q. Can international calling cards can be purchased for foreign travel? Should they be allowed, then how are they purchased and what are the regulations?*

A. Under the FTS2001 contract, employees may receive calling cards if requested by their supervisor. The only charge is the cost of whatever calls are made. Send an email to Maureen Harris (Maureen.Harris@ARS.USDA.GOV with the names of the individuals and the type of access needed (ie, international/ domestic/world-wide [which includes high fraud countries such as China]) and she will place the order.

*Q. Are the money exchange fees considered part of the per diem under "incidentals" when on foreign travel or is the traveler to claim these fees under miscellaneous expenses separately?*

A. No, these fees are not part of the I.E. of the per diem. You will need to file these fees under miscellaneous expense.

### **TRAVEL VOUCHER**

*Q. I failed to claim my lodging expenses on my voucher. Can I file another voucher for the portion of authorized expenses that were omitted on the first voucher?*

A. Yes. This is called a reclaim. To process a reclaim a voucher **must** be prepared by hand. You will not be able to enter the voucher online. Complete the voucher showing only the omitted expenses. Do not include expenses that were filed on the first voucher. In the remarks section, (**THIS IS THE IMPORTANT PART**) State the reason for the reclaim and include the statement: "Attached is a copy of the original processed voucher with supporting receipts."

Send voucher with original signatures and supporting documents along with a **copy** of the original AD-616 (voucher) worksheet and supporting receipts to NFC, P.O. Box 60000, New Orleans, LA 70160. Remember to keep a copy for your records.