

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency code, agency subelement and submitting office number	01	B. OFFICE USE ONLY
			C. Request status (Mark (X) one)
			02
		Initial or Resubmission	Correction or Cancellation

Section A—TRAINEE INFORMATION			
1. Applicant's name (Last - First - Middle Initial)	Enter first 5 letters of last name	03	2. Social Security Number
		04	3. Date of birth (Year and month)
		<small>(Example-born January 14, 1943 shown as 4301)</small>	
4. Home address (Number, street, city, State, ZIP code)	5. Home telephone		6. Position level (Mark (X) one only)
		Area code Number	a. Non-supervisory c. Manager
			b. Supervisory d. Executive
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)	8. Office telephone		9. Continuous civilian service
		Area code Number Extension	Years Months
			10. Number of prior non-government training days
11a. Position title / function	11b. Applicant hand-capped or disabled (See instructions)	12. Pay plan / series / grade / step	13. Type of appointment
			14. Education Level

Section B—TRAINING COURSE DATA			
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)		15b. Location of training site (If same, mark box) <input type="checkbox"/>	
16. Course title and training objectives (Benefits to be derived by the Government)			
17. Catalog / Course No.	18. Training period (6 digits)	06	19. No. of course hours (4 digits)
	Year Month Day	07	a. During duty
	a. Start	b. Non-duty	a. Purpose
	b. Complete	c. TOTAL	b. Type
		Code	Code
		08	09
		c. Source	d. Special interest
		10	11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION			Section D—APPROVALS		
21. Direct costs and appropriation / fund chargeable			26a. Immediate supervisor—Name and title		
Item	Amount		Area code / Tel. No. / Extension		
	Dollars	Cents			
a. Tuition			b. Signature		
b. Books or Materials			Date		
c. Other (Specify)			27a. Second line supervisor—Name and title		
d. (Enter 4 digits in dollar column)			Area code / Tel. No. / Extension		
TOTAL			b. Signature		
			Date		
22. Indirect costs and appropriation / fund chargeable			28a. Training officer—Name and title		
Item	Amount		Area code / Tel. No. / Extension		
	Dollars	Cents			
a. Travel			b. Signature		
b. Per diem			Date		
c. Other (Specify)			29a. Authorizing official—Name and title		
d. (Enter 4 digits in dollar column)			Area code / Tel. No. / Extension		
TOTAL			b. Signature		
			Date		

Section E—APPROVAL/CONCURRENCE		
29a. Authorizing official—Name and title		Area code / Tel. No. / Extension
b. Signature		Approved Date
		Disapproved

Section F—CERTIFICATION OF TRAINING COMPLETION		
30a. Certifying official—Name and title		Area code / Tel. No. / Extension
b. Signature		Date

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