Training Request/Authorization Form (To be used in lieu of HHS-350)

NIH Employee's Name:				S#:			
Telephone Number:	LAST	FIRST	INITIAL Lab/Branch:				
Building and Room:	-		Mail S	top:			
Type of Employee: (check One)	Supervisor	Non-Supervisory [Manager	☐ IRTA/VF/Sp	oec Vol/Guest Res		
Course Title:							
Course Number:	Enrollment Deadline:						
(All NIH Training Center sponsored classes must include course number)							
Vendor							
Company							
Street				Room			
City		State		Zip			
Phone #	Fax #						
Training Location							
Company							
Street				Room			
City		State		Zip			
Training Date: From:	То:	Training	g Hours: D	uty:	Nonduty:		
Cost: Tuition/Fees:	Books/Other:						
Travel:	Per Diem:						
Other Transportation:							
NOTE: Travel not included	on the training nomina	tion cannot be reimb	ursed.				
Skill Code:	CAN # Appropriation Number:						
Training Justification							
Signature of Initiating Supe	rvisor	Signature of F	Reviewer				
Signature of Approving Off	icial						

TRAINING SKILL CODE

	Medical & Health		Management & Supervision
	Other Medical & Health Dentistry	4001	Executive Development (General)
9988	Psychiatry	4002	Manager Development (General)
	Science	4003	Supervisory Development (General)
	Other Scientific Mathematics & Statistics	4004	Functional Management Development
	Engineering		Office Skills
	Other Engineering Safety Engineering	0301	Clerical & Office Services
	Civil Engineering		Services
	Sanitarian Engineering		Communication
	Mechanical Engineering		
0893	Chemical Engineering		Public Relations & Info
	Legal		Writing Reading
	Legai		Speaking
0900	Other Legal		Listening
0905	Attorney Training	9997	Other Communication
	Social Science & Education		Oth
0101	Other Social Sciences	Save	for Future Use
	Social Work		
	Library Science		
1701	Education		
	Technical Skills		
0001	Trades & Craft		
	Other Technical		
0200 0330	Personnel		
	Finance & Accounting		
	Inspection (Safety &		
	Health)		
2001	Supply		