

**REQUEST, AUTHORIZATION, AGREEMENT,
AND CERTIFICATION OF TRAINING**

A. AGENCY CODE, AGENCY SUBELEMENT AND SUBMITTING OFFICE NUMBER	B. DOCUMENT CONTROL NUMBER
	C. REQUEST STATUS (Mark (x) one)
	INITIAL OR CORRECTION OR

SECTION A - TRAINEE INFORMATION

1. APPLICANT'S NAME (Last - First - Middle Initial)			2. SOCIAL SECURITY NUMBER		3. POSITION LEVEL (Mark (x) one)		
					a. Nonsupervisory		c. Manager
					b. Supervisory		d. Executive
4. HOME ADDRESS (Number, Street, City, State, ZIP Code) (Complete for OPM courses only)					5. HOME TELEPHONE (OPM courses only)		
					Area Code	Number	
6. ORGANIZATION MAILING ADDRESS (Branch - Division/Office/Bureau/Agency)					7. OFFICE TELEPHONE		
					Area Code	Number	Extension
8. CONTINUOUS CIVILIAN	Years	Months	9a. POSITION TITLE/FUNCTION		9b. APPLICANT HANDICAPPED OR DISABLED	10. PAY PAN/SERIES/GRADE/STEP	

SECTION B - TRAINING COURSE DATA

11a. NAME AND MAILING ADDRESS OF TRAINING VENDOR (Number, Street, City, State, ZIP Code)				11b. LOCATION OF TRAINING SITE (If same, mark box) <input type="checkbox"/>			
12. CATALOG/COURSE NUMBER			13. COURSE TITLE				
14. TRAINING PERIOD (6 Digits)			15. NUMBER OF COURSE HOURS (4 Digits)		16. TRAINING CODES		
	Year	Month	Day	a. During duty	a. Purpose	CODE	CODE
a. Start				b. Non-duty	b. Type		d. Special Interest
b. Complete				c. TOTAL	c. Source		e. Curriculum
							f. Training Priority

AGENCY USE ONLY

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

17. DIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) TOTAL	\$		
18. INDIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Travel	\$		
b. Per Diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) TOTAL	\$		
19. ACT/DOCUMENT/PURCHASE ORDER/REQUISITION NO.			
20. 8-DIGIT STATION SYMBOL (Example 12-34-5678)			

SECTION D - RECOMMENDATION/CONCURRENCE

22a. IMMEDIATE SUPERVISOR (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	
23a. SECOND-LINE SUPERVISOR (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	

SECTION E - APPROVAL/CONCURRENCE

24a. AUTHORIZING OFFICIAL (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		<input type="checkbox"/> Approved <input type="checkbox"/> Disproved	DATE
25a. TRAINING OFFICER (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	

SECTION F - CERTIFICATION OF TRAINING COMPLETION

26a. CERTIFYING OFFICIAL (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	

21a. BOAC:		21b. FED CODE:	

TRAINING FACILITY - Bills should be sent to office indicated in Item 21. • Please refer to number given in Item 19 to assure prompt payment..

NOTE: This agreement must be signed by the nominee for all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by GSA) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G 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.

Section G - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in the request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive 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 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 an 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 the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 17 and 18.
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 to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due 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 for any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs, from my organization training officer and from the person responsible for authorizing non-government training requests.
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 in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

27. Period of obligated service

(For non-government training only) →

28. Employee's signature

DATE

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8. CONTINUOUS CIVILIAN SERVICE	Years	Months	9a. POSITION TITLE/FUNCTION	9b. APPLICANT HANDICAPPED OR DISABLED	10. PAY PAN/SERIES/GRADE/STEP				

SECTION B - TRAINING COURSE DATA

11a. NAME AND MAILING ADDRESS OF TRAINING VENDOR (Number, Street, City, State, ZIP Code)			11b. LOCATION OF TRAINING SITE (If same, mark box) <input type="checkbox"/>		
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14. TRAINING PERIOD (6 Digits)		15. NUMBER OF COURSE HOURS (4 Digits)		16. TRAINING CODES	
	Year	Month	Day		
a. Start				a. Purpose	CODE
b. Complete				b. Type	CODE
				c. Source	CODE
				d. Special Interest	
				e. Curriculum	
				f. Training Priority	

AGENCY USE ONLY

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

17. DIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)	\$		
18. INDIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Travel	\$		
b. Per Diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)	\$		
TOTAL			
19. ACT/DOCUMENT/PURCHASE ORDER/REQUISITION NO.			
20. 8-DIGIT STATION SYMBOL (Example 12-34-5678)			
21. BILLING INSTRUCTIONS (Finish invoice to)			
21a. BOAC:		21b. FED CODE:	

SECTION D - RECOMMENDATION/CONCURRENCE

22a. IMMEDIATE SUPERVISOR (Name and title)	AREA CODE/TEL. NO./EXTENSION
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SECTION F - CERTIFICATION OF TRAINING COMPLETION

26a. CERTIFYING OFFICIAL (Name and title)	AREA CODE/TEL. NO./EXTENSION
b. SIGNATURE	DATE

TRAINING FACILITY - Bills should be sent to office indicated in Item 21.

Please refer to number given in Item 19 to assure prompt payment.

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 2 and 3)

This copy should be attached to your request for payment and returned to the address in Section C, Block 21.

Return this copy to the nominating agency indicated in Section I after completion of Section H. Section I can be used for insertion in a window envelope.

PLEASE CONTACT THE AGENCY TRAINING OFFICER INDICATED IN SECTION D, ITEM 25, FOR ANY ADDITIONAL INFORMATION.

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SECTION B - TRAINING COURSE DATA

11a. NAME AND MAILING ADDRESS OF TRAINING VENDOR <i>(Number, Street, City, State, ZIP Code)</i>			11b. LOCATION OF TRAINING SITE <i>(If same, mark box)</i> <input type="checkbox"/>		
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	Year	Month	Day	CODE	CODE
a. Start				a. Purpose	d. Special Interest
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AGENCY USE ONLY

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

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c. Other <i>(Specify)</i>			
d. <i>(Enter 4 digits in dollar column)</i>	\$		
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21a. BOAC:	21b. FED CODE:

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SECTION G - Not applicable

SECTION H - TRAINING VENDOR

REMARKS

27. NOMINATION STATUS

Selected as nominated Not selected
(See remarks)

Selected for alternative
date *(See remarks)*

28. DATE AND TIME OF FIRST TRAINING

SESSION

Date

Time

a.m.

p.m.

SECTION I - MAILING ADDRESS OF NOMINATING AGENCY

29. FOLD AND INSERT IN WINDOW ENVELOPE

•

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AGENCY USE ONLY

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

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a. Tuition	\$		
b. Books or materials			
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SECTION G - FINANCE

27. PAYMENT AUTHORIZED FOR TRAINING

Signature	Amount to be paid	Date
	\$	

28. RECORD OF PAYMENT

Signature	Amount to be paid	Date
	\$	

REMARKS

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SECTION C - TERMINATION AND EVALUATION DATE *(To be completed by Trainee)*

17. COURSE WAS COMPLETED	18. ACTUAL COURSE DATES <i>(Month/Day/Year)</i>	19. ACTUAL COURSE	20. ACADEMIC GRADE/SCORE														
a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO - <i>Return this form with a memo explaining circumstances</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">a. Commenced</td> <td colspan="3">b. Completed</td> </tr> <tr> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> </table>	a. Commenced			b. Completed			Month	Day	Year	Month	Day	Year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Duty</td> <td style="width: 50%;">b. Non-duty</td> </tr> </table>	a. Duty	b. Non-duty	
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Month	Day	Year	Month	Day	Year												
a. Duty	b. Non-duty																
21. ALL SESSIONS WERE ATTENDED																	
<input type="checkbox"/> YES <input type="checkbox"/> NO - <i>Explain</i> _____																	

AREAS OF EVALUATION

(Place (x) in appropriate column to indicate your evaluation of items 22 through 33 Do not attempt to split a rating)				Rating		
				A	B	C
22. Stated Objective accomplished	A = Yes	B = Partially	C = No			
23. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poorly			
24. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
25. Suitability instructional materials	A = Excellent	B = Adequate	C = Poor			
26. Level of difficulty	A = Too Advanced	B = Appropriate	C = Too elementary			
27. Length of course	A = Too long	B = Appropriate	C = Too short			
28. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
29. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
30. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
31. Facilities	A = Excellent	B = Good	C = Poor			
32. Recommendation to colleagues	A = Highly recommended	B = Recommended	C = Not recommended			
33. Meet career developmental plans	A = Yes	B = No	C = Not applicable			

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

34. COMMENTS ON STRONG POINTS OF COURSE

35. COMMENTS ON WEAK POINTS OF COURSE

36. WHAT WERE YOUR OBJECTIVES IN TAKING THIS COURSE? WERE THEY MET?

37. DO YOU RECOMMEND THIS PROGRAM FOR OTHERS? IF SO, WHOM?

38. ADDITIONAL COMMENTS

39. SIGNATURE OF TRAINEE

DATE

SECTION D - SUPERVISORY COMMENTS (To be completed by trainee's immediate supervisor)

40. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE?

a. Yes

b. No

41. WHAT WERE YOUR OBJECTIVES IN HAVING EMPLOYEE ATTEND COURSE?

42. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

43. ADDITIONAL COMMENTS

44. SIGNATURE OF SUPERVISOR

DATE

PERSONNEL USE ONLY

**REQUEST, AUTHORIZATION, AGREEMENT,
AND CERTIFICATION OF TRAINING**

A. AGENCY CODE, AGENCY SUBELEMENT AND SUBMITTING OFFICE NUMBER (Example - XX-XX-XXXX)	B. DOCUMENT CONTROL NUMBER		
	C. REQUEST STATUS (Mark (x) one)		
	<table border="1"> <tr> <td>INITIAL OR RESUBMISSION</td> <td>CORRECTION OR CANCELLATION</td> </tr> </table>	INITIAL OR RESUBMISSION	CORRECTION OR CANCELLATION
INITIAL OR RESUBMISSION	CORRECTION OR CANCELLATION		

SECTION A - TRAINEE INFORMATION

1. APPLICANT'S NAME (Last - First - Middle Initial)			2. SOCIAL SECURITY NUMBER		3. POSITION LEVEL (Mark (x) one)						
					<table border="1"> <tr> <td>a. Nonsupervisory</td> <td>c. Manager</td> </tr> <tr> <td>b. Supervisory</td> <td>d. Executive</td> </tr> </table>			a. Nonsupervisory	c. Manager	b. Supervisory	d. Executive
a. Nonsupervisory	c. Manager										
b. Supervisory	d. Executive										
4. HOME ADDRESS (Number, Street, City, State, ZIP Code) (Complete for OPM courses only)					5. HOME TELEPHONE (OPM courses only)						
					Area Code Number						
6. ORGANIZATION MAILING ADDRESS (Branch - Division/Office/Bureau/Agency)					7. OFFICE TELEPHONE						
					Area Code Number Extension						
8. CONTINUOUS CIVILIAN SERVICE		Years	Months	9a. POSITION TITLE/FUNCTION	9b. APPLICANT HANDICAPPED OR DISABLED		10. PAY PAN/SERIES/GRADE/STEP				

SECTION B - TRAINING COURSE DATA

11a. NAME AND MAILING ADDRESS OF TRAINING VENDOR (Number, Street, City, State, ZIP Code)				11b. LOCATION OF TRAINING SITE (If same, mark box) <input type="checkbox"/>			
12. CATALOG/COURSE NUMBER			13. COURSE TITLE				
14. TRAINING PERIOD (6 Digits)			15. NUMBER OF COURSE HOURS (4 Digits)		16. TRAINING CODES		
	Year	Month	Day	a. DURING DUTY		CODE	CODE
a. Start				b. Non-duty		a. Purpose	d. Special Interest
b. Complete				c. TOTAL		b. Type	e. Curriculum
						c. Source	f. Training Priority

AGENCY USE ONLY

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

17. DIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)	\$		
18. INDIRECT COSTS AND APPROPRIATION/FUND CHARGEABLE			
ITEM	ITEM		APPROPRIATION/FUND
	Dollars	Cents	
a. Travel	\$		
b. Per Diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)	\$		
19. ACT/DOCUMENT/PURCHASE ORDER/REQUISITION NO.			
20. 8-DIGIT STATION SYMBOL (Example 12-34-5678) →			
21. BILLING INSTRUCTIONS (Finish invoice to)			
21a. BOAC:		21b. FED CODE:	

SECTION D - RECOMMENDATION/CONCURRENCE

22a. IMMEDIATE SUPERVISOR (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	
23a. SECOND-LINE SUPERVISOR (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	
SECTION E - APPROVAL/CONCURRENCE			
24a. AUTHORIZING OFFICIAL (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		<input type="checkbox"/> Approved DATE <input type="checkbox"/> Disproved	
25a. TRAINING OFFICER (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	

SECTION F - CERTIFICATION OF TRAINING COMPLETION

26a. CERTIFYING OFFICIAL (Name and title)		AREA CODE/TEL. NO./EXTENSION	
b. SIGNATURE		DATE	

TRAINING FACILITY - Bills should be sent to office indicated in Item 21.

Please refer to number given in Item 19 to assure prompt payment..

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

AUTHORITY - The Government Employees Training Act of 1958 (U.S. Code, Title 5, Sections 4101 to 4118).

PURPOSES AND USES - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, and it serves as the principal repository of personal, fiscal and administrative information, about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

EFFECTS OF NONDISCLOSURE - Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) - Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate Government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.