REQUEST, AUTHORIZATION, AGREEMENT,								AGENCY CODE, AGENCY SUBELEMENT AND SUB- MITTING OFFICE NUMBER							
ΔN	D	FRTI	FICΔ	TION	OF TRAIN	ING			C.	REC	UEST ST	ATUS (//	/lark (x) one)	
AN				IIOIV	O INAIN						INITIAL	OR	С	ORRECTIO	ON OR
					SE	CTION A - TRA	AINE	E INFORMATION							
1. APPLICANT'S N	AME (Last - F	irst - N	liddle Ini				OCIAL SECURITY NUMBER	3.	РО	SITION LE	EVEL (Ma	ark (x)	one)	
										a.	Nonsupe	rvisory	c.	Manager	
										b	Supervis	ory	d.	Executive	
4. HOME ADDRESS	S (Nun	nber, St	reet, C	ity, Stat	e, ZIP Code) (Co	mplete for OPM cou	ırses d	only)					Э <i>РМ со</i>	urses only	/)
									Are	a C	ode Nu	mber			
6. ORGANIZATION	MAILI	NG AD	DRESS	(Branch	- Division/Office	/Rureau/Agency)			17	OEE	ICE TELE	DUONE			
o. Ondanization	WALL	NG AD	DITEOU	(Dranen	Division, Office	/Bureau/Agency/						mber		Extension	
8. CONTINUOUS	Yea	ars [Vionths	9a. P0	OSITION TITLE/FU	JNCTION	9b. APPLICANT HANDICAP- 10. PAY PAN/SERIES/GRADE/STEP								
CIVILIAN				7				PED OR DISABLED							
	•			•		CTION B - TRAI		G COURSE DATA	•						
11a. NAME AND (Number, Street					NING VENDOR		11b	. LOCATION OF TRAINING SITE	(If sar	ne,	mark box)			
(Number, Street	i, on	, otate	, 211 0	ouc,											
12. CATALOG/COU	IDCE N	II INADEI	,		13. COURSE TIT	rı r									
12. CATALOG/COC	INSE N	IOMBE	1		13. COURSE III	ILE									
14. TRAINI	NG PE	RIOD		15	. NUMBER OF CO	OURSE HOURS	16.	TRAINING CODES							
	igits)	NIOD		13	(4 Digit			CODE							CODE
	Year	Month	Day	a. Durin	g duty		a. F	Purpose		d. Special Interest					
a. Start				b. Non-	duty		b. T	уре			e. Curricu	ulum			
b. Complete				c. TOTA	AL		c. S	Source			f. Trainin	g Priority	У		
AGENCY USE ONL	Y														
											. =				
						INFORMATION CHARGEABLE		SECTION D - RECO . IMMEDIATE SUPERVISOR	IVIIVIE					XTENSION	
17. DINECT CO	J313	AND	ITEM	NOPNI	A HON/FUND	CHANGEABLE	-	(Name and title)			ANEA CO	DE/TEE.	110.72	A I ENOION	•
ITEM		Do	ollars	Cents	APPROPR	IIATION/FUND									
a. Tuition		\$					b.S	IGNATURE					DAT	E	
b. Books or materia	als	•		1											
c. Other <i>(Specify)</i>					1		23a	. SECOND-LINE SUPERVISOR			AREA CO	DE/TEL.	NO./E	XTENSION	1
								(Name and title)							
d. (Enter 4 digits in dollar column)													_,		
TOT		\$					b.S	IGNATURE					DAT	E	
18. INDIRECT CO	OSTS	AND A		PRIATIO	ON/FUND CHAI	RGEABLE	_	CECTION E	NDD/	21/	NI (OON	IOI IDD	L		
ITEM			ITEM	Conto	APPROPR	IATION/FUND	2/12	SECTION E - A . AUTHORIZING OFFICIAL	APPK					XTENSION	
a. Travel		\$	Jilais	Cents			- 240	(Name and title)			AIILA CO	DL/TLL.	NO./L	X I LIVOION	•
b. Per Diem		٧													
c. Other (Specify)					1		b. S	 IGNATURE			Ani	proved	DAT		
												proved			
d. (Enter 4 digits					1		25a	. TRAINING OFFICER					NO./E	XTENSION	J
in dollar column) TOT	ΓAL	\$						(Name and title)							
19. ACT/DOCUME	NT/PU	RCHAS	E ORD	ER/REQU	JISITION NO.]			[_,		
							b.S	IGNATURE					DAT	E	
20. 8-DIGIT STATI (Example 12-3)								ACCTION C. ACCTICIO	A T.O.		·		0000	DI ETIO	
21. BILLING INSTR			nich in	voice te	1		SECTION F - CERTIFICATION OF TRAINING COMPLETION 26a. CERTIFYING OFFICIAL AREA CODE/TEL. NO./EXTENSION								
ZI. DILLING INSTR	OUTIC	INO (FU	mən in	voice (0)			^{∠oa}	. CERTIFYING OFFICIAL (Name and title)			ANEA CO	プロ/ TEL.	NO./E	A I ENSIUN	•
							b.S	IGNATURE		l			DAT		
21a. BOAC:				21b.	FED CODE:		1								
	ING F	ACILITY	′ - Bills			indicated in Item 21	.	Please refer to n	umber	give	n in Item	19 to a:	ssure p	rompt pay	ment

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 or 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.
- 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

REQUE	ST, Al	JTH	IOR	IZATI	ON, AGREI	EMENT,	A. AGENCY CODE, AGENCY SUBELEMENT AND SUB- MITTING OFFICE NUMBER (Example - XX-XX-XXXX)									
	D 050			TION	05 TD 4 IA		\vdash	(Example - XX-XX-XXXX)	C. REC	QUES1	STATUS (//	fark (x) one)				
AN	D CER	H	ICA	HON	OF TRAIN	NG				INIT	TAL OR	ICORRECTI				
					C.F.	CTION A TO	A INIT	E INFORMATION		RESU	BMISSION	CANCELLA	NOITA			
1. APPLICANT'S NA	AME (Last	- Firs	st - M	liddle Init		CHON A - TRA		SOCIAL SECURITY NUMBER	J3 PO	SITIO	N LEVEL (Ma	urk (v.) onel				
,	2400				,						upervisory	c. Manager				
											rvisory	d. Executive				
4. HOME ADDRESS	Number	, Stre	et, C	ity, State	e, ZIP Code) (Con	nplete for OPM cou	urses	only)				PM courses onl				
									Area C		Number		<u>, , </u>			
6. ORGANIZATION	MAILING	ADDI	RESS	(Branch	- Division/Office/	Bureau/Agency)			7. OFF	ICE T	ELEPHONE					
									Area C	Code	Number	Extensi	on			
8. CONTINUOUS CIVILIAN	Years	Mo	onths	9a. PC	SITION TITLE/FU	NCTION		9b. APPLICANT HANDICAP- PED OR DISABLED	10. PA	Y PAI	N/SERIES/GR	ADE/STEP				
SERVICE																
44 NAME AND		4 D D D	VE00	OF TRAIN		TION B - TRA	AAINING COURSE DATA 11b. LOCATION OF TRAINING SITE (If same, mark box)									
11a. NAME AND (Number, Street					NING VENDOR		116	5. LOCATION OF TRAINING SITE (II	r same,	mark	box)					
	. ,.															
12. CATALOG/COU	IRSE NI IM	IRFR			13. COURSE TIT	I F										
12. CATALOG/COC	TISE NOW	IDLI			13. COORSE III	LE										
44 TDAINI	NO BEDIO				NUMBER OF CO	LIDGE HOLIDG	16.	TRAINING CODES								
14. TRAINI <i>(6 D</i> .		ט		15.	NUMBER OF CC. 4 Digit:				CODE				CODE			
	Year Mo	nth [Day	a. During	a dutv		a. F	Purpose	10000	d. Sp	ecial Interest		10000			
a. Start			/	b. Non-d	•		_	Гуре			rriculum					
b. Complete				c. TOTA	•		_	Source		f. Tra	nining Priority	,				
AGENCY USE ONL	Y										<u> </u>					
SECTION C -	ESTIMA	TED	СО	STS A	ND BILLING I	NFORMATION		SECTION D - RECOM	MEND	ATIO	ON/CONC	URRENCE				
17. DIRECT CO	OSTS A	ND /	APPI	ROPRIA	ATION/FUND	CHARGEABLE	228			AREA	CODE/TEL.	NO./EXTENSIO	N			
ITEM			ITEM		APPROPRI	ATION/FUND		(Name and title)								
I I LIVI		Doll	ars	Cents	AFFROFRI	ATION/FOND										
a. Tuition	\$						b.S	IGNATURE				DATE				
b. Books or materia	als											NO./EXTENSION				
c. Other (Specify)							23a	a. SECOND-LINE SUPERVISOR		AREA	CODE/TEL.					
								(Name and title)								
d. (Enter 4 digits in dollar column)												.,				
	\$						_b.S	IGNATURE				DATE				
18. INDIRECT CO	OSTS AN			PRIATIC	N/FUND CHAR	GEABLE		OFOTION F. AD	DDO\/	<u> </u>	ONOUDD	1				
ITEM			ITEM	Io .	APPROPRI	ATION/FUND	24-	SECTION E - API				NO./EXTENSIO	<u> </u>			
		Doll	ars	Cents			- 248	(Name and title)		AREA	CODE/TEL.	NO./EXTENSIO	N			
a. Travel	\$															
b. Per Diem c. Other <i>(Specify)</i>				+			h S	IGNATURE				DATE				
o. other <i>popeomy</i> ,								MONATORE		Н	Approved					
d. (Enter 4 digits							258	a. TRAINING OFFICER		AREA	Disproved CODE/TEL.	<u> </u> NO./EXTENSIOI	<u> </u>			
in dollar column)	ا ا							(Name and title)				,	-			
TOT 19. ACT/DOCUME		IASE	ORDE	I ER/REQU	ISITION NO.		-									
							b. S	IGNATURE		l		DATE				
20. 8-DIGIT STATI	ON SYMB	OL					-									
(Example 12-3	4-5678 <u>)</u>		→					SECTION F - CERTIFICAT	TION (OF T	RAINING (COMPLETIO	N			
21. BILLING INSTR	UCTIONS	(Funi	ish inv	voice to)			26a	a. CERTIFYING OFFICIAL		AREA	CODE/TEL.	NO./EXTENSIOI	N N			
								(Name and title)								
							b.S	IGNATURE				DATE				
21a. BOAC:				21b.	FED CODE:		1									
TRAIN	ING FACIL	ITY -	Bills	should b	e sent to office i	ndicated in Item 21	1.	Please refer to num	ber give	en in I	tem 19 to as	sure prompt pa	yment			

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.

REQUE	ST, A	UTI	HOR	RIZATI	ON, AGREI	EMENT,	A. AGENCY CODE, AGENCY SUBELEMENT AND SUB- MITTING OFFICE NUMBER (Example - XX-XX-XXXX)									
	D 055	. —		T.O.	05 TD 4 IA			(Example - XX-XX-XXXX)	C. REC	DUES	Γ STATUS (//	fark (x) one)				
AN	D CER	K I II	-ICA	IION	OF TRAIN	ING				INI	TIAL OR	ICORRECTI				
					C.F.	CTION A TO	A INIE	EE INFORMATION		RESU	BMISSION	CANCELLA	NOITA			
1. APPLICANT'S NA	AME (Las	t - Fi	rst - N	liddle Init		CHON A - INA		SOCIAL SECURITY NUMBER	J3 PO	SITIO	N LEVEL <i>(Ma</i>	urk (v.) onel				
,	240				,						supervisory	c. Manager				
									_		ervisory	d. Executive				
4. HOME ADDRESS	6 (Numbe	r, Sti	reet, C	City, State	e, ZIP Code) (Cor	mplete for OPM cou	urses	only)			· ·	PM courses onl				
									Area C		Number		<u>, , </u>			
6. ORGANIZATION	MAILING	ADE	DRESS	(Branch	- Division/Office/	Bureau/Agency)			7. OFF	ICE T	ELEPHONE					
									Area (Code	Number	Extensi	on			
8. CONTINUOUS CIVILIAN	Years	N	/lonths	9a. PC	SITION TITLE/FU	INCTION		9b. APPLICANT HANDICAP- PED OR DISABLED	10. PA	AY PA	N/SERIES/GR	ADE/STEP				
SERVICE																
44 NAME AND		4 D D	DEGG	OF TRAIL		TION B - TRA	AINING COURSE DATA 11b. LOCATION OF TRAINING SITE (If same, mark box)									
11a. NAME AND (Number, Street					NING VENDOR		111	b. LOCATION OF TRAINING SITE (I	t same,	mark	box)					
	. ,.															
12. CATALOG/COU	IRSE NI IN	/BER	1	I	13. COURSE TIT	1 F										
12. CATALOG/COC	MOL NON	IDLI	1		13. COORSE III	LE										
44 TDAINI	NO DEDIC			15	NUMBER OF CO	NUDGE HOUDS	16.	TRAINING CODES								
14. TRAINI <i>(6 D</i> .		טנ		15.	NUMBER OF CC. 4 <i>Digit)</i>				CODE				CODE			
	Year Mo	onth	Day	a. During	a dutv		a. I	Purpose	10000	d. Sp	ecial Interest		10000			
a. Start			,	b. Non-d	•		_	Type			rriculum					
b. Complete				c. TOTA	•		_	Source		f. Tra	aining Priority	,				
AGENCY USE ONL	<u>Г</u> Ү					I										
SECTION C -	ESTIMA	λΤΕΙ	D CC	STS A	ND BILLING I	NFORMATION		SECTION D - RECOM	IMEND	ATIO	ON/CONC	URRENCE				
17. DIRECT CO	OSTS A	ND	APP	ROPRIA	ATION/FUND	CHARGEABLE	228			AREA	CODE/TEL.	NO./EXTENSIO	N			
ITEM			ITEM		APPROPRI	ATION/FUND		(Name and title)								
11 2141		Do	llars	Cents	ATTIOTI	ATION/TOND	」									
a. Tuition	\$						b.S	SIGNATURE				DATE				
b. Books or materia	als															
c. Other <i>(Specify)</i>							23a	a. SECOND-LINE SUPERVISOR (Name and title)		AREA	CODE/TEL.	NO./EXTENSION				
								(Name and title)								
d. (Enter 4 digits in dollar column)												15775				
	\$					054515	b. SIGNATURE DA									
18. INDIRECT CO	DS IS AN	ID A			ON/FUND CHAP	GEABLE	+	SECTION E AD	DDO\/	<u> </u>	ONCHED	NCE				
ITEM		D-	ITEM		APPROPRI	ATION/FUND	24-	SECTION E - AP a. AUTHORIZING OFFICIAL	PNUV			NO./EXTENSIOI	NI			
a. Travel		D0	llars	Cents			-	(Name and title)		ANEA	CODE/TEL.	NO./EXTENSIO	N			
b. Per Diem	\$															
c. Other (Specify)							b. S	GIGNATURE			Approved	DATE				
,,										Н	• •					
d. (Enter 4 digits							25a	a. TRAINING OFFICER		AREA	Disproved CODE/TEL.	<u> </u> NO./EXTENSIOI	N			
in dollar column)	\$							(Name and title)								
19. ACT/DOCUME		HASE	ORD	 ER/REQU	ISITION NO.		\dashv									
							b. S	SIGNATURE		l		DATE				
20. 8-DIGIT STATI	ON SYME	BOL		1			1									
(Example 12-3	4-5678 <u>)</u>							SECTION F - CERTIFICA	TION (OF T	RAINING (COMPLETIO	N			
21. BILLING INSTRUCTIONS (Funish invoice to)						26a	a. CERTIFYING OFFICIAL		AREA	CODE/TEL.	NO./EXTENSIO	N				
							(Name and title)									
							b. S	SIGNATURE				DATE				
21a. BOAC:				21b.	FED CODE:		1									
TRAIN	ING FACI	LITY	- Bills	should b	e sent to office i	ndicated in Item 21	1.	Please refer to nun	nber give	en in l	tem 19 to as	sure prompt pa	yment			

SECTION G - Not applica	able			
	ECTION H - TRAIN			REMARKS
27. NOMINATION STATUS	Not selected	28. DATE AND TIME OF SESSION	FIRST TRAINING	
Selected as nominated	Not selected (See remarks)	Date	Time	
			a.m.	
Selected for alternative date (See remarks)			p.m.	
	IAILING ADDDECC			
29. FOLD AND INSERT IN WINDO		OF NOMINATING AG	ENCY	
25. FOLD AND INCERT IN WINDS	JW ENVELORE			
•			•	

REQUEST, AUTHORIZATION, AGREEMENT,								AGENCY CODE, AGENCY SUBELEMENT AND SUB- MITTING OFFICE NUMBER (Example - XX-XX-XXXX)	B.	DOCUM	ENT CONTRO)L NU	MBER	
AN	D CI	ERTI	FICA	TION	OF TRAIN	NG			C.		T STATUS (/			ON OR
											ITIAL OR JBMISSION		ICORRECTI CANCELL <i>A</i>	
4 ADDI IOANITIO N	A B 4 E //			M: 1 11 - 1 - 1		CTION A - TRA		E INFORMATION						
1. APPLICANT'S N.	AME (L	Last - F	-irst - IV	liddie ini	tial)		2. 5	OCIAL SECURITY NUMBER	3.		ON LEVEL (M			
											supervisory	\rightarrow	c. Manager	_
4 HOME ADDRESS	S (Num	ober S	treet (ity Stat	e ZIP Codel (Con	aplete for OPM cour	rses o	nnlvl			ervisory ELEPHONE (6		d. Executive	
	- ,	, -		,,	.,, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		ea Code	Number	37 707 0	ourses om	<i>y</i> /
6. ORGANIZATION	MAILI	NG AD	DRESS	(Branch	- Division/Office/	Bureau/Agency)					TELEPHONE		le .	
									Ar	ea Code	Number		Extension	on
8. CONTINUOUS CIVILIAN SERVICE	Yea	nrs	Months	9a. Po	OSITION TITLE/FU	NCTION		9b. APPLICANT HANDICAP- PED OR DISABLED	10). PAY P	AN/SERIES/G	RADE,	/STEP	
						TION B - TRAI		G COURSE DATA						
11a. NAME AND (Number, Stree					NING VENDOR		11b.	LOCATION OF TRAINING SITE ((If sai	me, mark	(box)			
12. CATALOG/COU	JRSE N	IUMBE	R		13. COURSE TIT	LE								
	14. TRAINING PERIOD 15. NUMBER OF COURSE HOUF (6 Digits) (4 Digits)							TRAINING CODES	DDE	 []				
	Year Month Day a. During du				g duty		a. Pı	urpose		d. S	pecial Interes	t		
a. Start				b. Non-	duty		b. T	уре	e. C	urriculum				
b. Complete				c. TOTA	AL.		c.S	ource	f. T	raining Priorit	У			
SECTION C - 17. DIRECT CO) APP	ROPRI		NFORMATION CHARGEABLE	22a.	SECTION D - RECON IMMEDIATE SUPERVISOR (Name and title)	ИME		ON/CONC A CODE/TEL.			N
ITEM		D	ITEM ollars	Cents	APPROPRI	ATION/FUND	(reality district)							
a. Tuition		\$					b. SI	GNATURE				DA	TE	
b. Books or materia	als													
c. Other <i>(Specify)</i>							23a.	SECOND-LINE SUPERVISOR (Name and title)		ARE	A CODE/TEL.	NO./	EXTENSION	N
d. (Enter 4 digits in dollar column)		\$					b. SI	GNATURE				DA	TE	
18. INDIRECT CO	OSTS .		APPRO	PRIATION	ON/FUND CHAR	GEABLE	1							
ITEM			ITEM		APPROPRI	ATION/FUND		SECTION E - AF	PPR	OVAL/	CONCURR	ENC	E	
I I LIVI		D	ollars	Cents		ATION/TOND	1	AUTHORIZING OFFICIAL		ARE	A CODE/TEL.	NO./	EXTENSION	N
a. Travel		\$						(Name and title)						
b.Per Diem											,	-,		
c. Other <i>(Specify)</i>							b.SI	GNATURE			Approved Disproved	DA	TE	
d. (Enter 4 digits in dollar column)		\$					25a.	TRAINING OFFICER (Name and title)		ARE	A CODE/TEL.	NO./	EXTENSION	N
19. ACT/DOCUME	NT/PUF	RCHAS	E ORD	ER/REQU	JISITION NO.		b. SI	GNATURE				- DA	TE	
20. 8-DIGIT STATI (Example 12-3								SECTION F - CERTIFICA	TIO	N OF 3	LBVINING		ADI ETIO	N
21. BILLING INSTR			ınish in	voice to	J		262	CERTIFICAL CERTIFICAL	0		A CODE/TEL.			
						(Name and title)						•		
21a. BOAC: 21b.				21b.	FED CODE:		b.SIGNATURE DATE					TE		

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

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

	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	·	•

REQUEST, AUTHORIZATION, AGREEMENT,								-,	S	AGENCY CO SUBELEMEN MITTING OF Example - 2	IT AND S FICE NUI	UB- MBER	B. DOCUMENT CONTROL NUMBER						
ΔNI	ם כו	EDTI		TION	N OF TR	A INII	NG		1.	znampio s	0.70.70		C. RE	QUES	r status	(Mark	(x) one)		
AN	D CI	ENII	FICA	1101	N OF IR	AIINI	ING								TIAL OR BMISSION			CTION OF LLATION	
						SE	CTION	A - TRA	INEE	INFORM	MATION								
1. APPLICANT'S NA	AME (L	.ast - F	First - M	liddle In	itial)				2. SO	CIAL SECU	JRITY NU	MBER	3. PC	SITIO	N LEVEL (/	Mark ()	x) one)		
													a	a. Nons	supervisory	+	c. Manag	•	
4. HOME ADDRESS	: /Alum	har S	troot C	ity Sto	to ZID Cod	al (Can	anlata far	OPM oou	rean ar	2/14					rvisory	\perp	d. Execu		
4. HOME ADDRESS	o (IVUIII	иег, з	ireet, C	ity, Sta	ile, ZIF Cod	e) (C <i>011</i>	ipiete iui	OFINI COU	1565 01	ny)					Number	ОРІИ	courses (oniy)	
6. ORGANIZATION	MAILII	NG AD	DRESS	(Brancl	h - Division/	Office/l	Bureau/Ag	jency)					7. OF	FICE T	ELEPHONE	Ī			
													Area (Code	Number		Exte	nsion	
8. CONTINUOUS CIVILIAN SERVICE	Yea	rs	Months	9a. P	POSITION TI	TLE/FU	NCTION		9	Db. APPLIC. PED OF	ANT HAN I DISABLI		10. P	AY PA	N/SERIES/0	GRADE	E/STEP		
						SEC	TION B	- TRAI	NING	COURS	E DAT	4							
11a. NAME AND (Number, Street) 12. CATALOG/COU	et, City	, State	e, ZIP C		13. COUR		LE		11b.	LOCATION	OF TRAI	NING SITE (If	same,	mark	box)				
 14. TRAINI <i>(6 D</i> .	NG PEI	RIOD		1!	 5. NUMBER /	OF CO		URS	16. T	RAINING C	ODES		CODE	7				CODI	
	Year	Month	Day	a. During duty a. Purpose									JOODE	_	C ecial Interest				
a. Start				b. Non-	-duty				b. Ty	pe				e. Cu	rriculum				
b. Complete				c. TOT					c. So						aining Prior	ity			
17. COURSE WAS	COMP			ON C	- TERMII	1						complete			20. ACAE	SEMIC	CDADE	CODE	
a. YES	urn this	s form					nmenced	Year	b. Co	/Month/Da mpleted h Day	Year	19. ACTU	b. Noi		_	,o	0.0.02		
21. ALL SESSIONS YES NO - Exp		ATTE	NDED																
					AR	EAS O	F EVALU	ATION								R	ating		
(Place (x) in ap	propr	iate c	olumn	to indi	cate your	evalua	iton of it	ems 22	throug	jh 33 Do	not atte	mpt to split	a rati	ng)	Α		В	С	
22. Stated Objective accomplished	ve			A = Ye	es		ı	B = Parti	ally		C = 1	lo							
23. Coverage of subject matter				A = Ex	cellent		ı	B = Suffi	cient		C = F	oorly							
24. Organization of subject matter	f			A = W	ell organize	d	I	B = Adeo	luate		C = F	oorly organiz	zed						
25. Suitability instructional m	aterials	5		A = Ex	cellent			B = Adeo	_l uate		C = F	oor							
26. Level of difficu	lty			A = To	oo Advance	d	1	B = Appr	opriate	•	C =	oo elementa	ry						
27. Length of cour				A = To	oo long		I	B = Appr	opriate	•	C = -	oo short							
28. Amount of outside or evening work A = Too much						B = Appr	opriate	!	C = I	nsufficient									
29. Effectiveness of insructors A = Excellent				I	B = Good	l		C = F	oor										
30. Applicability of subject matter to the job A = Significant B					Adequate C = Insignificant						-								
31. Facilities 32. Recommendati	on				cellent			B = Good			C = F								
to colleagues 33. Meet career	UII				ghly recomi	mended		B = Reco	mmeno	ded		lot recomme				-			
developmental	plans			$A = Y\epsilon$	= Yes B = No						C = 1	lot applicable	Э			1			

B. DOCUMENT CONTROL NUMBER

SECTION C - TERMINATIO	ON AND EVALUATION DATA	(To be completed by Trainee) - (Con	tinued)
34. COMMENTS ON STRONG POINTS OF COURSE			
35. COMMENTS ON WEAK POINTS OF COURSE			
GO. GOMMENTO ON WEART ONLY OF GOODING			
36. WHAT WERE YOUR OBJECTIVES IN TAKING THIS O	COURSE? WERE THEY MET?		
37. DO YOU RECOMMEND THIS PROGRAM FOR OTHER	RS? IF SO, WHOM?		
38. ADDITIONAL COMMENTS			
GO. ABBITIONAL GOIMMENTO			
39. SIGNATURE OF TRAINEE			DATE
SECTION D - SUPERVISO	ORY COMMENTS (To be com	npleted by trainee's immediate supper	visorl
	——————————————————————————————————————		***************************************
40. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE?	a. L	b∐ No	
41. WHAT WERE YOUR OBJECTIVES IN HAVING EMPLO			
TI. WHAT WERE TOOK OBSESTIVES IN HAVING EMILE	OTEL ATTEND GOOTIGE:		
42. WERE THE OBJECTIVES OF THE TRAINING ACHIEV	ED?		
			·
-			
40 A DDITIONAL COMMENTO			
43. ADDITIONAL COMMENTS			
			·
44. SIGNATURE OF SUPERVISOR	DATE	DEDCOMME	OBIL V
11. SIGNATORE OF OUR ENVIOUR		PERSONNEL USE	UNLY
	į.	1	

REQUE	ST, A	AUT	HOR	IZATI	ON, AGREI	EMENT,	A. AGENCY CODE, AGENCY SUBELEMENT AND SUB- MITTING OFFICE NUMBER (Example - XX-XX-XXXX)									
A B.I	D 0	-DT1		TION	OF TRAINI	NO	\vdash	(Example - XX-XX-XXX)	C. RE	QUEST	STATUS (M	lark (x) one)				
AN	D CE	=KII	FICA	HON	OF TRAIN	NG				INIT	TAL OR	ICORRECTI				
					ÇE.	CTION A TR	A INIE	E INFORMATION		RESUL	BMISSION	CANCELLA	ATION			
1. APPLICANT'S N	AME (L	ast - F	irst - M	liddle Init		CHON A - TRA		SOCIAL SECURITY NUMBER	3 PC	SITIO	rk (x) one)					
					•				a. Nonsupervisory c. Manager							
									-		rvisory	d. Executive				
4. HOME ADDRESS	6 (Num	ber, St	treet, C	ity, State	e, ZIP Code) (Con	pplete for OPM cou	ırses	only)	+-			PM courses onl				
									Area (Code	Number					
6. ORGANIZATION	MAILI	NG AD	DRESS	(Branch	- Division/Office/	Bureau/Agency)			7. OF	ICE T	: Elephone					
									Area (Code	Number	Extensi	on			
8. CONTINUOUS CIVILIAN SERVICE	Yea	rs [Months	9a. PC	OSITION TITLE/FU	NCTION		9b. APPLICANT HANDICAP- PED OR DISABLED	10. PA	AY PAI	: N/SERIES/GR	ADE/STEP				
	l				SEC	TION B - TRAI	RAINING COURSE DATA									
11a. NAME AND								. LOCATION OF TRAINING SITE (I	f same,	mark	box)					
(Number, Stree	et, City,	, State	e, ZIP C	ode)							_					
12. CATALOG/COU	JRSE N	UMBEF	R		13. COURSE TIT	LE	<u>.</u>									
							116	TRAINING CODES								
14. TRAINI <i>(6 D</i>	NG PEI <i>igits)</i>	RIOD		15	NUMBER OF CO. 4 Digit;				CODE		CODE					
	_	Month	Day	a. During	a duty		a F	Purpose	CODE		ecial Interest		CODE			
a. Start	Tour	IVIOITEII	Day	b. Non-c	•		+				rriculum					
b. Complete				c. TOTA	<u> </u>		+	Source			ining Priority					
AGENCY USE ONL	Y															
SECTION C -	ESTIN	VIATE	D CO	STS A	ND BILLING I	NFORMATION		SECTION D - RECOM	MEND	ATIO	N/CONCI	JRRENCE				
17. DIRECT CO							_					NO./EXTENSIO	N			
ITENA			ITEM		A DDD O DDI	A TION (FUND	1	(Name and title)								
ITEM		Do	ollars	Cents	APPROPRI	ATION/FUND										
a. Tuition		\$					b.S	IGNATURE				DATE				
b. Books or materia	als															
c. Other <i>(Specify)</i>							23a	n. SECOND-LINE SUPERVISOR (Name and title)		AREA	CODE/TEL.	NO./EXTENSIOI	N			
d. (Enter 4 digits in dollar column)							 	IGNATURE		l		DATE				
18. INDIRECT CO	STS A	\$ AND A	/PPRO	PRIATIO	N/FUND CHAP	GFABI F	٦٩	TOTATORE								
10. 110111201 01	70.07		ITEM		JIL, I OILD OILAIN	GLADLL	+	SECTION E - AP	PROV	AL/C	ONCURRE	NCE				
ITEM		Do	ollars	Cents	APPROPRI	ATION/FUND	24a	a. AUTHORIZING OFFICIAL				NO./EXTENSIO	N			
a. Travel		\$					1	(Name and title)								
b.Per Diem		•														
c. Other <i>(Specify)</i>							b.S	IGNATURE		B	Approved Disproved	DATE				
d. (Enter 4 digits							25a	a. TRAINING OFFICER		AREA		NO./EXTENSIO	N			
in dollar column)		\$						(Name and title)								
19. ACT/DOCUME	NT/PUF	RCHAS	E ORDI	ER/REQU	ISITION NO.											
							b.S	IGNATURE				DATE				
20. 8-DIGIT STATI																
(Example 12-3				<u></u>			\perp	SECTION F - CERTIFICAT	TION							
21. BILLING INSTF	UCTIO	NS (Fu	nish in	voice to)			26a	a. CERTIFYING OFFICIAL (Name and title)		AREA	CODE/TEL.	NO./EXTENSIOI	N			
							b.S	IGNATURE		l		DATE				
21a. BOAC:					FED CODE:											
TRAIN	ING FA	CILITY	′ - Bills	should b	e sent to office i	ndicated in Item 21	١.	 Please refer to num 	ıber giv	en in I	tem 19 to as	sure prompt pa	yment			

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 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.