

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number <i>(Example - xx-xx-xxxx)</i>	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)	05
			<i>(Example-bom January 14, 1943 shown as 43/01)</i>			
4. Home address (Number, street, city, State, ZIP code)		5. Home telephone		6. Position level (Mark (X) one only)		
		Area code		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		10. Number of prior non-government training days	
			Number		Years	
			Extension		Months	
11a. Position title/function		11b. Applicant handi-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)	07	20. Training codes (See instructions)	
	Year	Month	Day	a. During duty	Code	
a. Start				b. Non-duty		08 c. Source
b. Complete				c. TOTAL		09 d. Special interest
						10
						11

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION	Section D - APPROVALS
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TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)		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)		05
				<i>(Example-bom January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		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		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-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)		07	20. Training codes (See instructions)	
	Year	Month	Day	a. During duty		Code			
a. Start				b. Non-duty				08	c. Source
b. Complete				c. TOTAL				09	d. Special interest
								10	
								11	

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION	Section D - APPROVALS
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21. Direct costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 12			
TOTAL	\$		
22. Indirect costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Travel	\$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 13			
TOTAL	\$		
23. Document/Purchase Order/Requisition No.			
24. 8-Digit station symbol (Example - 12-34-5678) →			

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
28a. Training Officer - Name and title		Area code/Tel. No./Extension	
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	

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Section A - TRAINEE INFORMATION

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			<i>(Example-born January 14, 1943 shown as 43/01)</i>			
4. Home address (Number, street, city, State, ZIP code)			5. Home telephone		6. Position level (Mark (X) one only)	
			Area code		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		Years	
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Section B - TRAINING COURSE DATA

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Item	Amount		Appropriation/fund						
	Dollars	Cents							
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Item	Amount		Appropriation/fund						
	Dollars	Cents							
a. Travel	\$								
b. Per diem									
c. Other (Specify)									
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25. BILLING INSTRUCTIONS (Furnish invoice to):				Section E - APPROVAL/CONCURRENCE					
				29a. Authorizing official - Name and title				Area code/Tel. No./Extension	
				b. Signature				Date	
				Section F - CERTIFICATION OF TRAINING COMPLETION					
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Section B - TRAINING COURSE DATA

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AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION	Section D - APPROVALS
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Item	Amount		Appropriation/fund					
	Dollars	Cents						
a. Tuition	\$		b. Signature			Date		
b. Books or materials			27a. Second-line Supervisor - Name and title					
c. Other (Specify)								
d. (Enter 4 digits in dollar column)	12 TOTAL \$		b. Signature			Date		
22. Indirect costs and appropriation/fund chargeable			28a. Training Officer - Name and title			Area code/Tel. No./Extension		
Item	Amount		Appropriation/fund					
	Dollars	Cents						
a. Travel	\$		b. Signature			Date		
b. Per diem			29a. Authorizing official - Name and title					
c. Other (Specify)								
d. (Enter 4 digits in dollar column)	13 TOTAL \$		b. Signature			Approved Date		
23. Document/Purchase Order/Requisition No.			b. Signature			Disapproved		
24. 8-Digit station symbol <i>(Example - 12-34-5678)</i>			Section F - CERTIFICATION OF TRAINING COMPLETION					
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TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	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)	05
			(Example-born January 14, 1943 shown as 43/01)			
4. Home address (Number, street, city, State, ZIP code)		5. Home telephone		6. Position level (Mark (X) one only)		
		Area code		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 handi-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 style="width: 20px; height: 15px;" 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						
Year	Month	Day	19. No. of course hours (4 digits) 07		20. Training codes (See instructions)	
a. Start			a. During duty		Code	
b. Complete			b. Non-duty		a. Purpose	c. Source
			c. TOTAL		b. Type	d. Special interest
					08	09
						10
						11

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION **Section D - APPROVALS**

21. Direct costs and appropriation/fund chargeable				
Item	Amount		Appropriation/fund	12 TOTAL
	Dollars	Cents		
a. Tuition	\$			
b. Books or materials				
c. Other (Specify)				
d. (Enter 4 digits in dollar column)				
	\$			
22. Indirect costs and appropriation/fund chargeable				
Item	Amount		Appropriation/fund	13 TOTAL
	Dollars	Cents		
a. Travel	\$			
b. Per diem				
c. Other (Specify)				
d. (Enter 4 digits in dollar column)				
	\$			

23. Document/Purchase Order/Requisition No.

24. 8-Digit station symbol
(Example - 12-34-5678) →

25. BILLING INSTRUCTIONS (Furnish invoice to) :

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension
b. Signature		Date

27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension
b. Signature		Date

28a. Training Officer - Name and title		Area code/Tel. No./Extension
b. Signature		Date

Section E - APPROVAL/CONCURRENCE

29a. Authorizing official - Name and title		Area code/Tel. No./Extension
b. Signature		Approved <input type="checkbox"/> Date
		Disapproved <input type="checkbox"/>

Section F - CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official - Name and title		Area code/Tel. No./Extension
b. Signature		Date

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REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	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)		05
				<i>(Example-born January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		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		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-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)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
a. Start					b. Non-duty			08 c. Source	
b. Complete					c. TOTAL			09 d. Special interest	
								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				Area code/Tel. No./Extension								
Item		Amount		Appropriation/fund												
		Dollars	Cents													
a. Tuition		\$						b. Signature				Date				
b. Books or materials								27a. Second-line Supervisor - Name and title				Area code/Tel. No./Extension				
c. Other (Specify)												b. Signature				Date
d. (Enter 4 digits in dollar column)		12		28a. Training Officer - Name and title				Area code/Tel. No./Extension								
TOTAL		\$						b. Signature				Date				
22. Indirect costs and appropriation/fund chargeable				29a. Authorizing official - Name and title								Area code/Tel. No./Extension				
Item		Amount						Appropriation/fund								
		Dollars	Cents													
a. Travel		\$						b. Signature				Date				
b. Per diem								29b. Signature				Approved				Date
c. Other (Specify)												29c. Disapproved				
d. (Enter 4 digits in dollar column)		13		23. Document/Purchase Order/Requisition No.				29d. Signature								Date
TOTAL		\$						24. 8-Digit station symbol (Example - 12-34-5678) →				29e. Signature				Date
25. BILLING INSTRUCTIONS (Furnish invoice to) :				30a. Certifying official - Name and title								Area code/Tel. No./Extension				
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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)		05
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17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty		Code		
a. Start					b. Non-duty			08 c. Source	
b. Complete					c. TOTAL			09 d. Special interest	
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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				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund											
		Dollars	Cents												
a. Tuition		\$						b. Signature				Date			
b. Books or materials								27a. Second-line Supervisor - Name and title				Area code/Tel. No./Extension			
c. Other (Specify)												b. Signature			
d. (Enter 4 digits in dollar column)								12 TOTAL		\$					
22. Indirect costs and appropriation/fund chargeable				28a. Training Officer - Name and title				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund											
		Dollars	Cents												
a. Travel		\$						b. Signature				Date			
b. Per diem								29a. Authorizing official - Name and title				Area code/Tel. No./Extension			
c. Other (Specify)												b. Signature			
d. (Enter 4 digits in dollar column)				13 TOTAL		\$									
23. Document/Purchase Order/Requisition No.				29a. Authorizing official - Name and title				Area code/Tel. No./Extension							
24. 8-Digit station symbol								b. Signature				Disapproved			
(Example - 12-34-5678)				30a. Certifying official - Name and title								Area code/Tel. No./Extension			
25. BILLING INSTRUCTIONS (Furnish invoice to):								b. Signature				Date			

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