

SF-182 (Rev. 12/79) 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 02		Initial Or Resubmission		Correction Or Cancellation	
Section A - TRAINEE INFORMATION											
⇒ 1. Applicant's Name (Last, First, Middle Initial)				First 5 letters of last name 03		2. Social Security Number 04		3. Date of birth (Year/Month) 05			
4. Home Address (Number, street, city, state, zip code)						5. Home telephone Area Code Number		6. Position Level (X one only) a. Non-Supervisory c. Manager b. Supervisory d. Executive			
7. Organization mailing address (Branch/Division/Bureau/Agency)						8. Office telephone Area Code Number Ext.		9. Continuous Civilian Service Years Months		10. Number of prior non-government training days	
11a. Position Title/Function				11b. Applicant handicapped 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						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				Code	
a. Start				b. During non-duty		a. Purpose 08		c. Source		10	
b. Complete				c. TOTAL ➡		b. Type 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/ Ext.					
Item		Amount Dollars Cents		Appropriation/Fund		b. Signature				Date	
a. Tuition		\$									
b. Books or materials											
c. Other (Specify)											
d. (Enter 4 digits in dollar column) 12						27a. Second-line Supervisor - Name and Title Area code/Tel. No/ Ext.					
TOTAL ➡		\$				b. Signature				Date	
22. Indirect costs and appropriation/fund chargeable						28a. Training officer - Name and Title Area code/Tel. No/ Ext.					
Item		Amount Dollars Cents		Appropriation/Fund		b. Signature				Date	
a. Travel		\$									
b. Per diem											
c. Other (Specify)											
d. (Enter 4 digits in dollar column) 13						Section E - APPROVAL/CONCURRENCE					
TOTAL ➡		\$				29a. Authorizing Official - Name and Title Area code/Tel. No/Ext.					
23. Document/Purchase Order/Requisition No.						b. Signature		Approved		Date	
								Disapproved			
24. 8=Digit station symbol (Example = 12-34-5678) ➡						Section F - CERTIFICATION OF TRAINING COMPLETION					
25. BILLING INSTRUCTIONS (Furnish invoice to:)						30a. Certifying official - Name and Title Area code/Tel. No/Ext.					
USDA Forest Service ATTN: * * *						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.											

Vendor
 Fiscal
 Personnel
 Employee
 EDR
 NFC