

Please read instructions on the last page before completing this form.

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 <i>(Mark (X) one)</i>
		02	Initial or Resubmission
		02	Correction or Cancellation

Section A--TRAINEE INFORMATION			
1. Applicant's name <i>(Last, First Middle)</i>	Enter first 5 letters of last name	03	3. Date of birth
		04	05
2. Home address <i>(Number, Street, City, State, Zip code)</i>		5. Home telephone	6. Position level <i>(Mark (X) one only)</i>
		Area Code Number	a. Non-supervisory c. Manager
			b. Supervisory d. Executive
7. Organization mailing address <i>(Branch-Division/Office/Bureau/Agency)</i>		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 handicapped or disabled <i>(See instructions)</i>	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 <i>(No., Street, City, State, ZIP code)</i>		15b. Location of training site <i>(If same, mark box)</i> <input type="checkbox"/>	
16. Course title and training objectives <i>(Benefits to be derived by the Government)</i>			
17. Catalog/Course No.	18. Training period <i>(6 digits)</i>	06	19. No. of course hours <i>(4 digits)</i>
	Year Month Day	07	10
a. Start		a. During duty	Code
b. Complete		b. Non-duty	08 c. Source
		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-- <i>Name and title</i>	
Item Amount Dollars Cents Appropriation/fund	Area code/Tel. No./Extension	
a. Tuition	b. Signature	
b. Books or materials	Date	
c. Other <i>(Specify)</i>	27a. Second-line supervisor-- <i>Name and title</i>	
d. (Enter 4 digits in dollar column) 12	Area code/Tel. No./Extension	
TOTAL ▶	b. Signature	
22. Indirect costs and appropriation/fund chargeable	Date	
Item Amount Dollars Cents Appropriation/fund	28a. Training Officer-- <i>Name and title</i>	
a. Travel	Area code/Tel. No./Extension	
b. Per Diem	b. Signature	
c. Other <i>(Specify)</i>	Date	
d. (Enter 4 digits in dollar column) 13	Section E--APPROVAL/CONCURRENCE	
TOTAL ▶	29a. Authorizing Officer-- <i>Name and title</i>	Area code/Tel. No./Extension
23. Document/Purchase Order/Requisition No.	b. Signature	Approved Date
24. 8-Digit station symbol <i>(Example--12-34-5678)</i> →	Disapproved	
25. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>	Section F--CERTIFICATION OF TRAINING COMPLETION	
	30a. Certifying Official-- <i>Name and title</i>	Area code/Tel. No./Extension
	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.