

Circle the appropriate copy designator.

Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER)
Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)

Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, ETC)
Copy 8- AGENCY (EMPLOYEE)

Copy 10- ACTIVITY (OPTIONAL USE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier/FY/Doc./type code/Serial Number)	C. Request Status or Process Code (X one)	D. Amendment No.
		(1) Initial	(2) Resubmission
		(3) Correction	(4) Cancellation

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code)		8. Position Title	
	a. Home b. Office		9. Position Level (X one)	
11. Organization Name	(1) Commercial	a. Executive	10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator)	
	(2) Autovon	b. Manager		
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		c. Supervisory	14. Type of Appointment
	16. Are you handicapped or disabled? (X one)		d. Non-Supervisory	
			e. Other (Specify)	15. No. Prior non-government training days

Section B - TRAINING COURSE DATA

17. Course Title		18. Training Objectives (Benefits to be derived by the Government)		19. Recommended Training Source, School or Facility	
				a. Name	
				b. Mailing address (Include ZIP)	
20. Course Codes				c. Location of training site (If other than 19b)	
a. Purpose	f. Security Clearance	k. Training Program			
b. Type	g. Allocation Status	l. Reason for Selection	21. Course hours (4 digits)	22. Course Identifiers	
c. Source	h. Priority	23. Training Period (YYMMDD)	a. Duty	a. SAID	
d. Special Interest	i. Training Level	a. Start	b. Non-duty	b. Catalog / Course No.	
e. Training Vendor	j. Method of Training	b. Complete	c. TOTAL	c. Offering / TLN	

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →					
25. Direct Costs		26. Indirect Costs (For information only)		27. Accounting Classification	
a. Tuition cost	a. Travel cost				
b. Books, material, other costs	b. Per diem/other costs				
c. Total direct costs	c. Total indirect costs				
d. Funding source	28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)		30. Total of Direct & Indirect Costs
31. Job Order No.					

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)			33. Training Officer: I certify this training meets regulatory requirements.		
a. Typed Name (Last, First, Middle Initial)	b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)	b. Phone number (Include area code)	
c. Signature & Title		d. Date	c. Signature & Title		d. Date
34. Authorizing Official			35. Course Acceptance (To be completed by school official)		
a. Action (X one) →	(1) Approved	(2) Disapproved	a. Accepted	c. School Official Signature	
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)	b. Not Accepted	d. Date	
d. Signature & Title		e. Date	36. Course Completion (To be completed by school official)		
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:			a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →	b. Actual Completion Date (YYMMDD)	c. Grade
			d. Signature & Title	e. Date	
38. Certifying Government Official					
a. I certify that this account is correct and proper for payment in the amount of: \$					
b. Signature			c. Date Signed		
d. DSSN Number		e. Check Number		f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.