

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number <i>(Example-xx-xx-xxx)</i>		01	B. OFFICE USE ONLY					
								C. Request status <i>(Mark (X) one)</i>				02
		Initial or Resubmission				Correction or Cancellation						
Section A - TRAINEE INFORMATION												
1. Applicant's name <i>(Last-First-Middle Initial)</i>				Enter first 5 letters of last name		03	2. Social Security Number		04	3. Date of birth <i>(Year and month)</i>		05
										<i>(Example - born January 14, 1943 shown as 43/01)</i>		
4. 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 Service		10. Number of prior non-government training days		
				Area Code		Number		Extension		Years		Months
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)</i>						15b. Location of training site <i>(If same, mark box)</i> -----à <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>		07	20. Training codes <i>(See instructions)</i>			
		Yr	Mo	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						
21. Direct costs and appropriation / fund chargeable						26a. Immediate supervisor - <i>Name & title</i>					Area code/Tel. No./Extension	
Item	Amount			Appropriation / fund								
	Dollars	Cents										
a. Tuition						b. Signature					Date	
b. Books						27a. Second-line supervisor - <i>Name & title</i>					Area code/Tel. No./Extension	
c. Other <i>(Specify)</i>												b. Signature
d. (Enter 4 digits in Dollar column TOTAL)												
22. Indirect costs and appropriation / fund chargeable						28a Training officer - <i>Name & title</i>					Area code/Tel. No./Extension	
Item	Amount			Appropriation / fund								
	Dollars	Cents										
a. Travel						b. Signature					Date	
b. Per diem						Section E - APPROVALS / CONCURRENCE					29a. Authorizing official - <i>Name & title</i>	Area code/Tel. No./Extension
c. Other <i>(Specify)</i>												
d. (Enter 4 digits in Dollar column TOTAL)									Disapproved			
23. Document / Purchasing Order / Requisition No.												
24. 8 - Digit station symbol <i>(Example - 12-34-5678) -----à</i>												
Section F - CERTIFICATION OR TRAINING COMPLETION						29a. Authorizing official - <i>Name & title</i>					Area code/Tel. No./Extension	
25. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>												
						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.

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			C. Request status (Mark (X) one) 02		
					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 : Number		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 handicapped or disabled (See instructions)	12. Pay plan/series/grade/step		13. Type of appointment
					Career Conditional
					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	1 08
b. Complete				c. TOTAL Ø	c. Source 1 10
					b. Type 1 09
					d. Special Interest 0 11

Section C — TERMINATION AND EVALUATION DATA (To be completed by Trainee)

21. Course was completed		22. Actual course dates (Month/day/year)			23. Actual course hours		24. Academic grade/score	
a. <input type="checkbox"/> YES		a. Commenced			b. Completed			
b. <input type="checkbox"/> NO — Return this form with a memo explaining		Month	Day	Year	Month	Day	Year	
					a. Duty	b. Non-duty		
25. All sessions were attended								
a. <input type="checkbox"/> YES								
b. <input type="checkbox"/> NO — Explain _____								

AREAS OF EVALUATION				Rating		
<i>(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)</i>				A	B	C
26.	State objective accomplished	A = Yes	B = Partially	C = No		
27.	Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor		
28.	Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized		
29.	Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor		
30.	Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary		
31.	Length of course	A = Too long	B = Appropriate	C = Too short		
32.	Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient		
33.	Effectiveness of instructors	A = Excellent	B = Good	C = Poor		
34.	Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant		
35.	Facilities	A = Excellent	B = Good	C = Poor		
36.	Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended		
37.	Meet career development plans	A = Yes	B = No	C = Not applicable		

Section C — TERMINATION AND EVALUATION DATA (To be completed by Trainee) — Continued

38. Comments on strong points of course

39. Comments on points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D — SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a. YES

b. NO

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional Comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY