

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example-xx.xx.xxxx)		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	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		10. Number of prior non-government training days
		Area code	Number	Extension	Years	
11a. Position title/function	11b. Applicant hand-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)			07	19. No. of course hours (4 digits)		20. Training codes (See instructions)						
		Year	Month	Day	a. During duty		a. Purpose	Code	08	c. Source	Code	10	
	a. Start				b. Non-duty		b. Type			09	d. Special Interest		11
	b. Complete				c. TOTAL	➔							

AGENCY USE ONLY

Section C- ESTIMATED COSTS AND BILLING INFORMATION	Section D- APPROVALS
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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 material				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) TOTAL	12			28a. Training Officer-Name and title		Area code/Tel No./Extension	
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				Section E-APPROVAL/CONCURRENCE			
c. Other (Specify)				29a. Authorizing official-Name and title		Area code/Tel No./Extension	
d. (Enter 4 digits in dollar column) TOTAL	13			b. Signature		Approved	
23. Document/Purchase Order/Requisition to						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./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.			

GENERAL INSTRUCTIONS – Prepare this request in accordance with instructions included on form and indicated below. Complete Sections A, B, C, D26 and D27 and submit to appropriate Agency Training Office within the specified lead time for processing. Copy 5 is for your files.

SPECIFIC INSTRUCTIONS

Section A – TRAINEE INFORMATION

Item 1 – After filling in the trainee’s full name enter the first five letters of the last name in the shaded box

Item 2 – Use 9 digits for the Social Security Number

Item 3 – Enter year and month of birth (e.g. if the trainee’s birth date is January 14, 1943, it would appear as 43/01)

Items 4-8 – Self-explanatory/follow agency instructions

Item 9 – Enter number of years and months of continuous civilian Government service

Item 10 – To be filled in by nominating Agency Training Office

Item 11a. – Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)

Item 11b. – If the applicant is disabled or handicapped and in need of special arrangements (Braille, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the copy which is sent to the office providing the training. NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors

Item 12 – Self-explanatory

Item 13 – Career Conditional (C C). Career (C). Temporary (Temp) etc

Item 14 – Follow agency instructions

Section B – TRAINING COURSE DATA

Items 15-17 – Self-explanatory. (Item 16 – if additional space is necessary, attach separate sheet.)

Item 18 – Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973 and ending December 15, 1973 would be entered as 73/06/15 and 73/12/15)

Item 19 – The number of course hours can be determined by multiplying the number of hours attended per week by the number or weeks of the course or semester

Item 20 – Select an appropriate code for each item listed below and enter in code boxes on form

Section C – ESTIMATED COSTS AND BILLING INFORMATION

Items 21-22 – Follow agency instructions

Item 23 – Enter Document/Purchase Order/ Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.

Item 24 – Fill in 8-digit station symbol of the nominating agency finance office which will report. The payment of SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type “SF-1080” in this block

Item 25 – Enter name and mailing address of nominating Agency Finance Office for billing purposes

Sections C and D – TERMINATION AND EVALUATION DATE – Copy 4

This information will be filled in on copy 4 after training is completed (follow agency instructions)

Section D – APPROVALS

Items 26-27 – To be completed by applicant’s immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions

Item 28 – to be completed by the nominating Agency Training Officer

Section E – APPROVAL/CONCURRENCE

Item 29 – To be completed by the nominating Agency Official who is authorized to approve or disapprove request

NOTE: Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

Section F – CERTIFICATION OF TRAINING COMPLETION

Item 30 – To be completed by nominating Agency Certifying Official

CODES FOR ITEM 20 (See 1-part form for code definitions)

A. PURPOSE	B. TYPE	C. SOURCE
1 Mission or program change	1 Executive and Management	1 Government – Agency
2 New Technology	2 Supervisory	2 Government – Interagency
3 New work assignment	3 Legal, Medical, Scientific, or Engineering	3 Non-government – Designed for agency
4 Improve present performance	4 Administration or analysis	4 Non-government – Off-shelf
5 Meet future staffing needs	5 Specialty and Technical	5 State or local government
6 Develop unavailable skills	6 Clerical	
7 Trade or craft apprenticeship	7 Trade or craft	D. SPECIAL INTEREST
8 Orientation	8 Orientation	0 No special program
9 Adult basic education	9 Adult basic education	1 Executive development
		2 Supervision
		(other codes may be developed – follow agency instructions)