

MILITARY SEALIFT COMMAND CIVMAR TRAINING REQUEST FORM
SUBMIT COMPLETED & APPROVED FORM TO: msc_civmar_training@us.navy.mil
SEE LAST PAGE OF THIS FORM FOR REQUIRED E-MAIL SUBJECT LINE

Name (Last, First, Initial):	Permanent Position:	Permanent Coast:	Department Head's E-mail:
Personal Phone #:	Personal E-mail:		
Work Phone #:	Work E-Mail:		
1. Current Assignment: If assigned to a Ship, Ship's Name:	2. My location on day of departure for training:		
3. Are you being paid off Ship?	4. Will you be on Ship's Funded Leave (SFL)?		
If YES, provide date:	If YES , there will be <u>NO</u> official travel entitlement in conjunction with training.		
5. Orders to be completed by:	NOTE: If you do not have personal funds to cover rental car/lodging/meal expenses while in training until reimbursed by MSC, you should select YES. Advance will only be paid if all previous travel has been settled.		

7. Provide the Course Title, Authorized Vendor, and Dates of each Training Course requested:

TRAINING COURSE (TITLE)	VENDOR/LOCATION	DATE FROM	DATE TO

8. Provide specific dates you are available for training, in the event the above dates are not available for the selected courses:

Date From: _____ **Date To:** _____

TRAVEL TO TRAINING LOCATION

<p>9. Depart for training from: If 'Home' 'Ship' or 'Other' - Provide Address:</p>	<p>10. Mode of travel to/from training: If AIR, name of airport nearest to departure location:</p>
<p>11. Transportation at training site: If rental required, do you have a valid Driver's License and credit card (NOT DEBIT CARD):</p>	<p>12. Lodging required at training location: If Yes, make your lodging arrangements via e-mail msc_civmar_hotel@us.navy.mil or phone Norfolk @ 757-443-1833 or San Diego @ 619-524-9928.</p>
RETURN TRAVEL	
<p>13. Return location upon completion of training: If 'Home' 'Ship' or 'Other' - Provide Address:</p>	<p>14. If return mode of travel is different from initial travel, provide information:</p>

15. Additional Information:

FOR OFFICIAL USE ONLY: Privacy Act Statement Authority — This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act. **Purposes and Uses** — The primary purpose of the information collected is for use in the administration of the HRMS to document the nomination of trainees and completion of training. This information becomes a part of the permanent employment record of participants in training programs, and is subject to all of the published routine uses of that system of records. **Effects and Nondisclosure** — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

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E-mail Subject Line Format Examples: Department\Training Start Date (MM.DD.YY)\Last Name, First Name\Rate

- (1) Initial request: DECK\08.23.22\Doe, John\AB;
- (2) Modification: MOD DECK\08.23.22\Doe, John\AB; and
- (3) Cancellation: CANX DECK\08.23.22\Doe, John\AB.