

Authorization, Agreement, and Certification of Training				A. Agency code, agency sub-element and submitting office number		B. Request Status	
Section A – Trainee Information							
1. Applicant's Name (<i>Last, First, Middle Initial</i>)				2. Social Security Number (###-##-####) (Agency Use Only)		3. Date of Birth (<i>Enter Date as yyyy-mm-dd</i>) (Agency Use Only)	
4. Home Address (Optional) (<i>Number, Street, City, State, ZIP Code</i>)				5. Home Telephone (Optional) (<i>Include Area Code</i>)		6. Position Level (<i>See page 4 for additional instructions</i>)	
7. Organization Mailing Address (<i>Branch-Division/Office/Bureau/Agency</i>)				8. Office Telephone (<i>Include Area Code and Extension</i>)		9. Work Email Address	
10. Position Title		11. Does applicant need special accommodation?		If yes, please describe the requirements below			
12. Type of Appointment		13. Education Level (<i>See page 4 for additional instructions</i>)		14. Pay Plan	15. Series	16. Grade	17. Step
Section B – Training Course Data							
1a. Name and Mailing Address of Training Vendor (<i>No., Street, City, State, ZIP Code</i>)				1.b Location of Training Site (<i>if different form 1a</i>)			
1c. Vendor Telephone Number		1d. Vendor Email Address		1e. Vendor website		1f. Vendor Point-of-Contact (<i>POC</i>)	
2a. Course Title		2b. Course Number Code		3. Training Start Date (<i>Enter Date as yyyy-mm-dd</i>)		4. Training End Date (<i>Enter Date as yyyy-mm-dd</i>)	
5. Training Duty Hours		6. Training Non-Duty Hours		7. Training Purpose Type (<i>See page 6 for additional instructions</i>)		8. Training Type Code (<i>See page 6 for additional instructions</i>)	
9. Training Sub Type Code (<i>See page 6 for additional instructions</i>)		10. Training Delivery Type Code (<i>See page 8 for additional instructions</i>)		11. Training Designation Type Code		12. Training Credit	13. Training Credit Type Code
14. Training Accreditation Indicator		15. Continued Service Agreement Required Indicator (Agency Use Only) (<i>See page 8 for additional instructions</i>)		16. Continued Service Agreement Expiration Date (<i>Enter date as yyyy-mm-dd</i>)	17. Training Source Type Code (<i>See page 8 for additional instructions</i>)	18. Individual or Group Training	19. Student/ Membership ID
20. Skill Learning Objective					21. Agency Use Only (<i>For use by agency as needed</i>)		
Section C – Costs and Billing Information							
1. Direct Costs and Appropriation/Fund Chargeable				2. Indirect Costs and Appropriation/Fund Chargeable			
Item	Amount	Appropriation Fund		Item	Amount	Appropriation Fund	
a. Tuition and Fees	\$			a. Travel	\$		
b. Books & Material Costs	\$			b. Per Diem	\$		
c. Total	\$			c. Total	\$		
3. Total Training Non-Government Contribution Cost				6. Billing Instructions (<i>Furnish invoice to</i>)			
4. Document/Purchasing Order/Requisition Number							
5. 8-Digit Station Symbol (<i>Example: 12-34-5678</i>)							

Section D – Approvals

Complete the appropriate number of approvals your agency requires (e.g. first, second, and/or third level approval) before submission of this form to the Agency Training Office.

1a. Immediate Supervisor/First-line Supervisor (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date (*Enter Date as yyyy-mm-dd*)

2a. Second-line Supervisor (*Name and Title*)

2b. Telephone Number (*Include Area Code and Extension*)

2c. Email Address

2d. Signature

2e. Date (*Enter Date as yyyy-mm-dd*)

3a Training Officer (*Name and Title*)

3b. Telephone Number (*Include Area Code and Extension*)

3c. Email Address

3d. Signature

3e. Date (*Enter Date as yyyy-mm-dd*)

Section E – Approvals/Concurrence

To be completed by the nominating Agency Official authorized to approve or disapprove training requests.

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date

Section F – Certification of Training Completion and Evaluation*

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date

Training Facility: Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

* Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.202. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.