

Nomination for a Thrift Savings Plan Training Session For Government Employees Only

Name _____ Title _____
Last First Middle
 () - () - ()
Telephone Number Organization (Main) Telephone Number Telefax Number

Emergency Contact _____
() -
Emergency Number (Cell/Blackberry)

Agency Name and Mailing Address _____

E-mail address (.gov, .mil, or .edu) _____

Supervisor's Name _____ E-mail address _____

Courses Offered by the Federal Retirement Thrift Investment Board

	Date	Date
Overview of the Thrift Savings Plan		
<input type="checkbox"/> 2-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Investments: Options and Operations		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Withdrawal Program		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
TSP Payroll Operations		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Error Correction		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____

* Depending on demand, the Board will provide an interpreter for the Deaf and Hard of Hearing during the July sessions only.

** See bulletin for required pre-requisite.

☐ Check here if you need an interpreter

Mail form to: **Federal Retirement Thrift Investment Board**, 77 K Street, NE, Washington, DC 20002 or fax to (202) 942-1451 (Confirmation No: (202) 942-1450).

Thrift Board Use Only

Confirmed by _____ Date Confirmed _____ Date Sent _____
 Class Name(s) _____ Class Date(s) _____

Nomination for a Thrift Savings Plan Training Session For Non-Governmental Employees Only

Name _____ Title _____
Last First Middle
 () - () - ()
Telephone Number Organization (Main) Telephone Number Telefax Number

Emergency Contact _____
() -
Emergency Number (Cell/Blackberry)

Organization Name and Mailing Address _____

E-mail address _____

COR Name _____ COR Signature _____

Courses Offered by the Federal Retirement Thrift Investment Board

	Date	Date
Overview of the Thrift Savings Plan		
<input type="checkbox"/> 2-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Investments: Options and Operations		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Withdrawal Program		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
TSP Payroll Operations		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____
** TSP Error Correction		
<input type="checkbox"/> 1-day course presented at the Federal Retirement Thrift Investment Board	1st Choice _____	2nd Choice _____

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Confirmed by _____ Date Confirmed _____ Date Sent _____
 Class Name(s) _____ Class Date(s) _____

