Thrift Savings Plan Logo**Training Request Form**

**Education & Outreach Division**

**All fields are required.**

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| **1.Name of Agency/Organization:** | Click to enter text |
| **2.Primary Contact Name of Liaison:** | Click to enter text. |
| **3.Primary Phone & Email:** | Click here to enter text. |
| **4. Alternate POC Information:** | Click here to enter text. |
| **5. Name of Financial POC if travel is required: (Travel is considered for those 50 miles or more from the Washington, DC area. Hosting Agency funding approval should normally be received 30 days prior to intended travel date.)** | Click here to enter text. |
| **6. Financial POC Phone & Email:** | Click here to enter text. |
| **7. Requested Date for Training:** | Click here to enter a date. |
| **8. Requested Time & Time zone for Training:** | Click here to enter text. |
| **9. Agenda for Day:**  Please include:   * **Agenda** for day with times and location * **Size** and **type** of audience (Estimated # of attendees, from new hires to pre-retirement employees.) * **Indicate professional learning topics** choosing from   + Early to Mid-Career   + Pre-Separation   + TSP A to Z   + From Accumulation to Distribution * Please **allow the requested amount of time** indicated by the topic. * Please **limit to presenting no more than two** different topics in one day. * **Requested** TSP Trainer (if applicable) | Choose type of training: Choose an item.  Choose type of webinar: Choose an item.  Estimated Attendance: Click here to enter text.  Location of Training: Click here to enter text.  Additional Information:  Click here to enter text. |

Please email form to [training@frtib.gov](mailto:training@frtib.gov).

Please contact the Training Support Specialist at [Candice.franze@frtib.gov](mailto:Candice.franze@frtib.gov) or 202-942-1450 for any questions.