

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)	C. Request Status or Process Code (X one)	D. Amendment No.
		(1) Initial (3) Correction	(2) Resubmission (4) Cancellation

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code)		8. Position Title	
	a. Home b. Office		9. Position Level (X one)	10. Pay Plan / Series / Grade / Step (Rank/ MOS/AFSC/or Navy Designator)
11. Organization Name	(1) Commercial (2) Autovon		a. Executive b. Manager	
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		c. Supervisory	14. Type of Appointment
	16. Are you handicapped or disabled? (X one)		d. Non-Supervisory	
			e. Other (Specify)	

Section B - TRAINING COURSE DATA

17. Course Title		18. Training Objectives (Benefits to be derived by the Government)		19. Recommended Training Source, School or Facility	
				a. Name	
				b. Mailing address (Include ZIP)	
				c. Location of training site (If other than 19b)	
20. Course Codes		21. Course hours (4 digits)		22. Course Identifiers	
a. Purpose	f. Security Clearance	k. Training Program	a. Duty	a. SAID	
b. Type	g. Allocation Status	l. Reason for Selection	b. Non-duty	b. Catalog / Course	
c. Source	h. Priority	23. Training Period (YYMMDD)	c. TOTAL	c. Offering / TLN	
d. Special Interest	i. Training Level	a. Start			
e. Training Vendor	j. Method of Training	b. Complete			

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →					
25. Direct Costs		26. Indirect Costs (For information only)		27. Accounting Classification	
a. Tuition cost		a. Travel cost			
b. Books, material, other		b. Per diem/other costs			
c. Total direct costs		c. Total indirect costs			
d. Funding source		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)	
31. Job Order No.				30. Total of Direct & Indirect Costs	

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)				33. Training Officer: I certify this training meets regulatory requirements.			
a. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)	
c. Signature & Title		d. Date		c. Signature & Title		d. Date	
34. Authorizing Official				35. Course Acceptance (To be completed by school official)			
a. Action (X one) →		(1) Approved		(2) Disapproved			
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)		a. Accepted		c. School Official Signature	
d. Signature & Title		e. Date		b. Not Accepted		d. Date	
36. Course Completion (To be completed by school official)				37. Billing Instructions (Identify discount terms % days.)			
a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →				Furnish original invoice and 3 copies to:			
b. Actual Completion Date (YYMMDD)				c. Grade			
d. Signature & Title				e. Date			
38. Certifying Government Official							
a. I certify that this account is correct and proper for payment in the amount of: \$							
b. Signature				c. Date Signed			
d. DSSN Number		e. Check Number		f. Voucher Number			

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.