RE	QUEST	AUTHORI	ZATION	I, AGR	EEMI	ENT, CERT	FIC	ATIO	N OF	TRAIN	ING A	ND	REIM	BURS	EMEN	ΙT	
A. Agency code and s	ubelement, ai		B. Stand	dard docum	nent num	ber				uest Status					D. Amer		No.
office number (xx-x	x-xxxx)		(Org	identifier/F	Y/Doc./t	ype code/Serial Nu	mber)			(1) Initial		(2) R	esubmis	sion			
										(3) Correct	ion	(4) C	ancellati	ion			
				Section	n A - <sup>-</sup>	TRAINEE / API	PLICA	NT IN	FORM	ATION							•
1. Name (Last, First, A	Aiddle Initial)			2.	1st 5 let	ters of last name	3	3. Social	I Security	Number			4. Ed. le	evel		uous	ederal Svc
															a. Years		b. Months
6. Home Address (Stre	eet, City, Sta	te and ZIP Code) (	optional)	7. F	Phone Nu	imbers (Include are	a code	,	8. Posi	tion Title						'	
				a. F	lome												
				b. 0	Office				9. Posi	tion Level (	X one)		10. Pay	Plan / Ser	ries / Grad FSC/or Na	e / Ste	p sissetsul
11. Organization Name	e			(1)	Commer	cial				a. Executi	ve		(nar	IK/IVIU3/A	rsc/or Na	ivy De	signatori
				(2)	Autovon					b. Manage	er						
12. Organization Maili	ng Address (	Include ZIP)		13.	Organiz	ation UIC				c. Superv	sory		14. Typ Appoint	e of ment			on-govern- ng days
				16.	6. Are you handicapped or disabled? (X one)												
					or disa	sied: (X one)		No		e. Other (	Specify)						
					Sectio	n B - TRAININ	G CC	URSE	DATA								
17. Course Title																	
18. Training Objective	s (Benefits to	be derived by the	Governmen	t)					19. Re	commende	Training S	Source,	School	or Facility	,		
									a. Nam								
									b. Mail	ing address	(Include ZI	IP)					
20. Course Codes									c. Loca	ition of trair	ing site (If	other	than 19	b)			
a. Purpose		f. Security Clear	ance	k	. Trair	ning Program						_					
b. Type		g. Allocation Stat	tus			on for Selection			21. Co	urse hours	(4 digits)	22.	Course I	dentifiers			
c. Source		h. Priority		2	23. Trair	ning Period (YYMM	DD)		a. Duty			a. SA	AID				
d. Special Interest		i. Training Level		a	a. Start				b. Non-			b. Ca	talog / C	Course No	-		
e. Training Vendor		j. Method of Tra	_		o. Comple				c. TOTA				fering /	TLN			
<u> </u>						TION (Costs incu							)				
24. If training does no	t involve exp	enditure of funds of									nd X this b	юх		_		<b>→</b>	•
25. Direct Costs					sts (For information only) 27. Accou			nting Clas	ssification								
a. Tuition cost			a. Travel co														
b. Books, material, other	er costs		b. Per diem		ts		_										
c. Total direct costs			c. Total indi				20	Cianati	us of Eig	ani Officer	Ealland lass	al nead	odural		20 Tota	l of Di	root 9
d. Funding source			28. Labor C	Costs			29. Signature of Fiscal Officer (Follow local procedure)  30. Total of Di Indirect Co										
31. Job Order No.					4 000			FNOF	/ OFDT	IFIO A TI							
32. Supervisor: I certif	v training is i	ob related and non				ROVAL / CONC				:   certify t		maata	rogulata		monto		
a. Typed Name (Last,	ver.)					e area code)				t, First, Mic		meets				nclude	area code)
a. Typod Hamo (Eddi)	not, made	,,,,,,,	J. 111	one nambe	ii (iirioidd	o area code,	ļ	, ypou it	arrio (Euo	, , , , , , , , , , , , , , , , , , , ,	are minury			D. 1110110	TIGITIDOT (A	rorade	area coac,
c. Signature & Title						d. Date	c.	Signatur	e & Title	,						d. D	ate
34. Authorizing Officia	al						35	Course	Accenta	nce (To be	completed	hv sch	ool offic	iall			
a. Action (X one)		(1)	Approved		(2) [	Disapproved			Accepted		School Offi			1017		d. D	ate
b. Typed Name (Last,	Eiret Middle			one numbe		e area code)	+		Not Acce		0011001 0111	ioiai oi,	griacaro				
b. Typed Name (Last,	riist, wiidale	muan	C. FIR	one numbe	n priciaa	e area code)	36			tion (To be	completed :	hv sch	ool offici	iall			
d. Signature & Title						e. Date				completed,				Actual Co	moletion	c. G	rade
							1	eave this	section l	blank, and i	eturn this	´		Date (YY)		0. 0	1000
37. Billing Instructions	(Identify disc	count terms	%		days	 ;. <i>J</i>	_		an expla	anation mer	no.					e. D	ate
Furnish original inv					,												
							38	Certify	ina Gove	rnment Offi	cial						
							a. I	certify t	hat this a	account is c	orrect and			ė			
								oroper fo Signatur		nt in the am	ount of:			\$	c. Date S	Signed	
							Ĺ										
							d.	DSSN N	umber	e.	Check Nun	nber			f. Vouch	er Nur	nber
TRAINING FACILITY:	Invoice shoul	d be sent to office	indicated in	item 37.	Please re	fer to standard doo	ument	number	given in	item B at to	p of page 1	to assu	ire promi	pt paymer	nt.		

								<del></del>				MENT	
A. Agency code and so office number (xx-x	ubelement, an	d submitting	B. Standard	document number httfier/FY/Doc./type code/Se	rial Numi	heri	C.	Request Statu	s or Process	Code (X one)	D	. Amendr	nent No.
onice named par a	in anna,		lorg race			0017		(1) Initial		(2) Resubmis	ssion		
								(3) Correc	tion	(4) Cancellat	tion		
				Section A - TRAINEE	/ APPL	ICAN	T INFO	RMATION					
1. Name (Last, First, N	Aiddle Initial)			2. 1st 5 letters of last r	name					4. Ed. I		. Continuo . Years	b. Months
6. Home Address (Stre	eet, City, State	e and ZIP Code) (	optional)	7. Phone Numbers (Inclu	ıde area (	code)	8.	Position Title					
				a. Home									
				b. Office			9.	Position Level	(X one)	10. Pay	y Plan / Serie	s / Grade /	Step
11. Organization Name	e			(1) Commercial				a. Execu	tive	(Ra	ank/MOS/AFS	SC/or Navy	Designator)
				(2) Autovon				b. Manag	ger				
12. Organization Maili	ng Address (//r	nclude ZIP)		13. Organization UIC				c. Super	visory	14. Ty	pe of 1		or non-govern- aining days
				16. Are you handicappe		Y	res -	d. Non-S	upervisory	Арропі	itilient	ment u	anning days
				or disabled? (X one	'	1	lo e. Other (Specify)						
				Section B - TRA	AINING	COU	RSE D	ATA					•
17. Course Title													
18. Training Objective	s (Benefits to	be derived by the	Government)				19	9. Recommende	ed Training S	ource, Schoo	l or Facility		
							a.	Name					
							b.	Mailing addres	s (Include ZII	9)			
20. Course Codes							c.	Location of tra	ining site (If	other than 15	96)		
a. Purpose		f. Security Clear	ance	k. Training Program	1								
b. Type		g. Allocation Stat		I. Reason for Select			21	Course hours	(A digital	22. Course	Identifiers		
c. Source		h. Priority		23. Training Period (		 D)		Duty					
d. Special Interest		i. Training Level		a. Start				Non-duty					
e. Training Vendor		j. Method of Tra	ining	b. Complete				TOTAL		c. Offering /			
		-	-		ets incurr	ed and		ed are not to exceed amount in item 30.)					_
24. If training does no	t involve expe			, pay or compensation, skip									
25. Direct Costs				osts (For information only)				g Classification					
a. Tuition cost			a. Travel cost										
b. Books, material, other	er costs		b. Per diem/oth	er costs									
c. Total direct costs			c. Total indirec	t costs									
d. Funding source						29. Signature of Fiscal Officer (Follow local procedure) 30. Total of Direct &							
			28. Labor Cost	s		29. S	ignature	of Fiscal Officer	(Follow loca	procedure)	3		
31. Job Order No.			28. Labor Cost	s		29. S	ignature	of Fiscal Officer	(Follow loca	r procedure)	3		of Direct & et Costs
				on D - APPROVAL / 0	CONCL					r procedure)	3		
31. Job Order No.  32. Supervisor: I certif		bb related and non	Section	on D - APPROVAL / 0	CONCL	JRREN	NCE / C		ON			Indirec	
31. Job Order No.	ver.)		Sectioninee meets pre	on D - APPROVAL / 0		JRREN 33. T	NCE / C	ERTIFICATI	ON this training		tory requirem	Indired	
31. Job Order No.  32. Supervisor: I certiful (If not, attach wait)	ver.)		Sectioninee meets pre	on D - APPROVAL / (requisites.		JRREN 33. T	NCE / C	ERTIFICATI	ON this training		tory requirem	Indired	et Costs
31. Job Order No.  32. Supervisor: I certiful (If not, attach wait)	ver.)		Sectioninee meets pre	on D - APPROVAL / (requisites.		JRREN 33. T a. Typ	NCE / C	ERTIFICATI fficer: I certify e (Last, First, Mi	ON this training		tory requirem	Indired	et Costs
31. Job Order No.  32. Supervisor: I certifinot, attach wait a. Typed Name (Last,	ver.)		Sectioninee meets pre	on D - APPROVAL / (requisites.		JRREN 33. T a. Typ	NCE / C raining O	ERTIFICATI fficer: I certify e (Last, First, Mi	ON this training		tory requirem	Indired	det Costs
31. Job Order No.  32. Supervisor: I certifinot, attach wait a. Typed Name (Last,	ver.) First, Middle li		Sectioninee meets pre	on D - APPROVAL / (requisites.		JRREN 33. T a. Ty	NCE / Craining O	ERTIFICATI fficer: I certify e (Last, First, Mi	ON this training (	meets regulat	b. Phone no	Indired	det Costs
31. Job Order No.  32. Supervisor: I certiful (If not, attach waita.) a. Typed Name (Last, c. Signature & Title	ver.) First, Middle li	nitial)	Sectioninee meets pre	on D - APPROVAL / (requisites.		JRREN 33. T a. Ty	NCE / Craining O	CERTIFICATI  fficer: I certify  e (Last, First, Me	ON this training (iddle Initial)	meets regulat	b. Phone no	Indirection in the second seco	det Costs
31. Job Order No.  32. Supervisor: I certiful funct, attach waii a. Typed Name (Last, c. Signature & Title  34. Authorizing Official	ver.) First, Middle li	nitial)	Section Sectin Section Section Section Section Section Section Section Section	on D - APPROVAL / (requisites.  number (Include area code)		JRREN 33. T a. Ty	NCE / Coraining Opped Name	CERTIFICATI  fficer: I certify  e (Last, First, Me	ON this training (iddle Initial)	meets regulat	b. Phone no	Indirection in the second seco	dude area code)
31. Job Order No.  32. Supervisor: I certiful (If not, attach waita.) a. Typed Name (Last, c. Signature & Title)  34. Authorizing Official. a. Action (X one)	ver.) First, Middle li	nitial)	Section Sectin Section Section Section Section Section Section Section Section	on D - APPROVAL / (requisites. number (Include area code)  d. Date  (2) Disapproved		33. T a. Tyl c. Sig 35. C	raining O ped Name spatter 8 course Ac a. Acce b. Not	CERTIFICATI  fficer: I certify  e (Last, First, Ma  a Title  ceptance (To be  epted C.	ON this training iddle Initial) a completed L	meets regulat by school official Signature	b. Phone no	Indirection in the second seco	dude area code)
31. Job Order No.  32. Supervisor: I certiful (If not, attach waita.) a. Typed Name (Last, c. Signature & Title)  34. Authorizing Official. a. Action (X one)	ver.) First, Middle li	nitial)	Section Sectin Section Section Section Section Section Section Section Section	on D - APPROVAL / (requisites. number (Include area code)  d. Date  (2) Disapproved		33. T a. Typ c. Sig 35. C 36. C a. If celeave	ped Name  property and the second sec	ERTIFICATI  fficer: I certify  e (Last, First, Mile  a Title  ceptance (To be epted	ON this training of the completed by the complete by the complet	oy school official Signature	b. Phone no	Indirection of the control of the co	dude area code)
31. Job Order No.  32. Supervisor: I certif (If not, attach wait a. Typed Name (Last, c. Signature & Title  34. Authorizing Officia a. Action (X one) b. Typed Name (Last, d. Signature & Title  37. Billing Instructions	First, Middle In	nitial) (1) /initial)	Section Sectin Section Section Section Section Section Section Section Section	on D - APPROVAL / (requisites. number (Include area code)  d. Date  (2) Disapproved number (Include area code)		JRREN 33. T a. Typ c. Sig 35. C	ped Name  property and the second sec	ERTIFICATI  fficer: I certify  e (Last, First, Mile  a Title  ceptance (To be  epted	ON this training of the completed by the complete by the complet	oy school official Signature	b. Phone no	Indirection of the control of the co	lude area code)  I. Date
31. Job Order No.  32. Supervisor: I certiful (If not, attach waita.) a. Typed Name (Last, c. Signature & Title.) 34. Authorizing Officia. a. Action (X one) b. Typed Name (Last, d. Signature & Title.)	First, Middle In	nitial) (1) /initial)	Sectioninee meets pre  b. Phone  Approved  c. Phone	on D - APPROVAL / (requisites.  number (Include area code)  d. Date  (2) Disapproved number (Include area code)  e. Date		JRREN 33. T a. Tyl c. Sig 35. C 36. C a. If celeave form d. Sign	ped Name  ped Name  produrse Accourse Accourse Course Course Course wave this sem with an acture &	ceptance (To be epted a Accepted completion (To be sonot completed ction blank, and explanation medical ctions are considered to the complete ction blank, and explanation medical ctions are c	ON this training is iddle Initial) a completed be school Office completed by the completed by the complete of	oy school official Signature	b. Phone no	Indirection of the control of the co	dude area code)  Date  Date  Grade
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31. Job Order No.  32. Supervisor: I certif (If not, attach wain a. Typed Name (Last, c. Signature & Title  34. Authorizing Officia a. Action (X one) b. Typed Name (Last, d. Signature & Title  37. Billing Instructions	First, Middle In	nitial) (1) /initial)	Sectioninee meets pre  b. Phone  Approved  c. Phone	on D - APPROVAL / (requisites.  number (Include area code)  d. Date  (2) Disapproved number (Include area code)  e. Date		JRREM 33. T a. Typi c. Sig 35. C 36. C 36. C 36. C 37. Sig 38. C 38. C 38. C	ped Name  course Ac  a. Acco b. Not  course Course Course wave this seen with an active the seen with an active this seen with an active this seen with an active this seen with an active the seen with a seen wi	ERTIFICATI  fficer: I certify  e (Last, First, Max  a Title  ceptance (To be  epted	ON this training is diddle Initial) c completed be school Office completed by completed by the complete of the	oy school official Signature	b. Phone no	Indirection of the second of t	dude area code)  I. Date  I. Date  J. Date  J. Date
31. Job Order No.  32. Supervisor: I certif (If not, attach wain a. Typed Name (Last, c. Signature & Title  34. Authorizing Officia a. Action (X one) b. Typed Name (Last, d. Signature & Title  37. Billing Instructions	First, Middle In	nitial) (1) /initial)	Sectioninee meets pre  b. Phone  Approved  c. Phone	on D - APPROVAL / (requisites.  number (Include area code)  d. Date  (2) Disapproved number (Include area code)  e. Date		JRREN 33. T a. Tyr c. Sig 35. C 36. C a. If cu leav form d. Sign 38. C a. I ce proj b. Sig	ped Name ped Name ped Name ped Name properties a. According to be not the second with an according to the second pertify that per for page parture	CERTIFICATI  Ifficer: I certify  If (Last, First, Mile)  Ceptance (To be epted Completed Completion (To be some properties of the completed Comple	on this training is iddle Initial)  a completed be completed by completed by completed by completed by the completed by the complete by the co	py school official Signature	b. Phone no	Indirection of displetion of MDD)	Jude area code)  i. Date  i. Date  i. Date
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RE	QUEST,	AUTHORIZ	ZATION, A	GREE	MENT, CERT	IFIC.	ATIO	N OF	TRAIN	IING A	ND	REIMBUR	SEMI	<u>N</u> T		
A. Agency code and s		nd submitting	B. Standard	document	number oc./type code/Serial Nu	mharl		C. Requ	uest Status	or Process	Code	(X one)	D. A	mendmer	nt No.	
office number (xx-)	(X-XXXX)		(Org Ident	IIIeI/F1/D	oc./type code/Serial No	mber			(1) Initial		(2) 1	Resubmission				
									(3) Correct	ion	(4)	Cancellation				
			S	ection A	- TRAINEE / AP	PLIC/	ANT IN	FORM.	NOITA							•
1. Name (Last, First, I	Middle Initial)			2. 1st	5 letters of last name	:	3. Social	I Security	Number			4. Ed. level	5. Co	ntinuous		
													a. rea	irs	D. IVI	lonths
6. Home Address (Str.	eet, City, Stat	te and ZIP Code) (d	optional)	7. Phon	e Numbers (Include are	a code	9)	8. Posit	tion Title							
				a. Hom	•											
				b. Offic	е			9. Posit	tion Level	X one)		10. Pay Plan / S	eries / G	rade / St	ер	
11. Organization Nam	е			(1) Con	nmercial				a. Execut	ive		(Rank/MOS/	AFSC/0	Navy D	esigna	tor)
				(2) Aut	ovon				b. Manag	er						
12. Organization Maili	ing Address (//	nclude ZIP)		13. Or	ganization UIC				c. Superv	isory		14. Type of Appointment		o. Prior n		
					you handicapped		Yes		d. Non-Su	pervisory		Appointment	"	ent train	ing ua	ys
				or	disabled? (X one)		No		e. Other	Specify)		1				
				Se	ction B - TRAININ	ig co	OURSE	DATA								_
17. Course Title																
18. Training Objective	s (Benefits to	be derived by the	Government)					19. Rec	commende	d Training S	Source	e, School or Facili	tv			
								a. Name		g		,	-,			
										(Include Zi	IP)					
1																
L								c Locat	tion of trai	ning site //f	othe	r than 19b)				
20. Course Codes		f Cit Cl		1.	Tarinian Danama			C. LOCA	don or da	iiig aite m	oure	r than 150)				
a. Purpose		f. Security Clears									1					
b. Type		g. Allocation Stat	us					1	urse hours	(4 digits)	_	Course Identifier	rs			
c. Source		h. Priority			23. Training Period (YYMMDD)			a. Duty			a. S					
d. Special Interest		i. Training Level		a. Start				b. Non-d			+-	b. Catalog / Course No.				
e. Training Vendor		j. Method of Trai	ning	b. Co	omplete					offering / TLN						
					Section H - E	VALU	IATION	ı								
					art I (To be comp											
48. Was course comp	oleted? (X one	*)	49. Actual cou	rse dates 50. Actua							51. Academic gra	grade/score				
a. Yes			a. Commenced (YYMMDD)		Completed (YYMMDD)	a.	Duty	b. Non-duty								
	urn this form vaining circums															
ехріг	uning circums	tarices/														
52. Were all sessions	attended? (X	one)														
a. Yes																
b. No (Explain	וח															
				AREAS	OF EVALUATION									RAT	ING	
	X a	ppropriate column	to indicate your	evaluation	of items 53 through 6	64. Do	not atte	mpt to sp	lit a rating.					nai	ING	
													_			С
													A	В	'	C
53. Stated objective a	accomplished		A =	Yes	В	= Par	rtially		C =	= No						
54. Coverage of subje			A =	Excellent	В	= Su	fficient		C :	= Poor					$\dashv$	
55. Organization of s			A =	Well Orga	nized B	= Ad	equate		C :	= Poorly or	ganize	ed			$\dashv$	
56. Suitability of instr		erials		Excellent			equate			= Poor					$\dashv$	
57. Level of difficulty				Too adva			propriate	ı		Too elem	entar	/			$\dashv$	
58. Length of course				Too long			propriate			= Too short		•			$\dashv$	
59. Amount of outsid	le or evening	work		Too much			propriate			= Insufficier					$\dashv$	
60. Effectiveness of i				Excellent		= Go				= Poor					$\dashv$	
61. Applicability of su		to the ich		Significan			equate			= Insignifica	an†				+	
61. Applicability of st	abject matter	to the job		Excellent		= Ad				= Insignifica = Poor	urrt				+	
	to aclier							dod			10 PP C -	dad			+	
63. Recommendation							commend	uea		Not recor		uea			+	
<ol><li>64. Meet career deve</li></ol>	opment plans	5	A =	res	В	= No			C :	<ul> <li>Not applie</li> </ul>	cable					

# PRIVACY ACT STATEMENT **AUTHORITY:** The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). PURPOSE AND USE: The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. **SECTION E - TRAINEE AGREEMENT / CERTIFICATION** 38. AGREEMENT TO CONTINUE IN SERVICE This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.) If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law. I acknowledge that this agreement does not in any way commit the Government to continue my employment. (1) From (Enter date (YYMMDD)) (2) To (Enter date (YYMMDD)) Period of obligated service: 39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary)

associated with my attendance.

TRAINEE SIGNATURE

b. DATE SIGNED

#### INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5)

- Copy No. 3 VENDOR TRAINING REQUEST OR NOMINATION FORM
- Copy No. 4 This document, when completed, represents the nominating agency's obligation to pay all approved training costs. Amounts are estimated in Section C. Please send all bills to the office indicated in item 37 and refer to number in item B (Standard Document Number) upper right hand corner of form.
- Copy No. 5 Return this copy to the nominating agency indicated in item 44 after completion of items 40 42.

Please contact the Agency Training Officer indicated in item 33 for any additional information.

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			BILLING INSTR	UCTIONS		
	Place standard docun copies of invoice: ide	nent number (Item B ntify discount terms,	top of form) and app , % and number of da	ropriation/fund cha ys on invoice: ma	rgeable number (Item 27) on all four Il invoice to address listed in block 37.	
						I
						;
		Section F - TRAINING			42. Remarks	<b>—</b> [
	ation status (X one)		41. First training a. Date	b. Time		
	t selected (See remarks)	)	d. Date	b. Time		
	lected for alternative da					
43. Mailing	address of trainee (Fold	d where indicated an	d insert in window en	velope.)		
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47	Ontional alternate nave	eent procedures (Fill in approx	rioto itamal			┨		
47. a.	ADVANCE METHOD	nent procedures <i>(Fill in appropi</i>	nate items)			ł		
(1)								
(2)	Check in the amount of \$ covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) will be issued to							
					to the training facility/vendor will show the sname and address. As soon as feasible	ı		
		been made, you will prepare				ı		
	together with all receip	ts and a check or money order	-		ies of enclosed Standard Form 1164,	ı		
		and a check of money order			e DoD funds, if any.	ı		
b.	REIMBURSEMENT MET	HOD				┨		
		tion C, item 25 (insert (a), (b) of the training assignment an			de upon presentation of evidence of by you.	1		
c.	Action (X one)	d. Authorizing official				1		
	(1) Approved	(1) Typed Name (Last, First,	Middle Initial)		(4) Telephone numbers	1		
	(1) Approved	(2) Signature			(a) Commercial (	1		
		(O) Title			(b) Autovon	1		
	(2) Disapproved	(3) Title			(5) Date signed (YYMMDD)	ı		
		Section F - TRAINING VI			42. Remarks	1		
40.	Nomination status (X on a. Selected as nomina		41. First training ses	b. Time		ı		
	b. Not selected (See re		a. Data			ı		
		tive dates (See remarks)		<u> </u>	-	ı		
44.	Mailing address of nomi	nating agency (Fold where ind	icated and insert in w	indow envelope.)		ı		
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F O L D

F O L D

<b>▶</b>			Section G - FINANCE						
45.	Payment authorized for	r traii	ning						
а.	Signature			b. Amount to be paid	c. Date				
				\$					
46.	Record of payment								
a.	Signature			b. Amount paid	c. Date				
۵.	Orginataro			o. ranoant para	0. 24.0				
				\$					
	Danasalas				1				
d.	Remarks								
47.	Optional alternate payn	nent	procedures (Fill in appropriate items)						
a.	ADVANCE METHOD								
(1)	Check in the amount of	f\$	payable to the training facility/vendor and co	overing Section C, Item 25	i (insert (a), (b), or (c),				
	as appropriate)		will be delivered to you for delivery to the training facility/vendor.	"OR"					
(2)	Check in the amount of	f\$.	covering Section C, Item 25 (insert (a), (b	), or (c), as appropriate) _	will be issued to				
	you. You will obtain a receipt for each expenditure of these funds. The receipt for the check to the training facility/vendor will show the								
	check number. Other r	recei	pts will show the item purchased, the amount paid and the vendo	's name and address. As	soon as feasible after				
	all purchases have been made, you will prepare and forward to (enter name and address)								
	the signed original and two copies of enclosed Standard Form 1164,								
	together with all receipts and a check or money order payable to (enter name and address)								
			for the unexpended balance of t	nese DoD funds, if any.					
			·						
b.	REIMBURSEMENT MET	THOE							
	Payment to you for Sec	ction	C, item 25 (insert (a), (b), or (c), as appropriate) will be m	ade upon presentation of	evidence of satisfactory				
	completion of the traini	ing a	ssignment and receipt for items related to training paid by you.						
c.	Action (X one)		Authorizing official						
		(1)	Typed Name (Last, First, Middle Initial)	(4) Telephone nu	mbers				
	(1) Approved			(a) Commerc	ial ( )				
		(2)	Signature	/h\					
				(b) Autovon					
	(2) Disapproved	(3)	Title	(5) Date signed (	YYMMDD)				

<b>▶</b>			Section G - FINANCE						
45.	Payment authorized for	trair	ing						
a.	Signature			b. Amount to be paid	c. Date				
				\$					
46	Record of payment								
a.	Signature			b. Amount paid	c. Date				
۵.	Org. rataro			or rimount para	o. Dato				
				\$					
	D								
d.	Remarks								
47.	Optional alternate paym	nent	procedures (Fill in appropriate items)						
a.	ADVANCE METHOD								
(1)	Check in the amount of		payable to the training facility/vendor and co	overing Section C, Item 25	(insert (a), (b), or (c),				
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	check number. Other receipts will show the item purchased, the amount paid and the vendor's name and address. As soon as feasible after								
	all purchases have been made, you will prepare and forward to (enter name and address)								
	the signed original and two copies of enclosed Standard Form 1164,								
	together with all receip	ts an	d a check or money order payable to (enter name and address)	•					
			for the unexpended balance of t	nese DoD funds, if any.					
			<u>'</u>						
b.	REIMBURSEMENT MET	HOD							
	Payment to you for Sec	tion	C, item 25 (insert (a), (b), or (c), as appropriate) will be m	ade upon presentation of	evidence of satisfactory				
	completion of the traini	ng as	ssignment and receipt for items related to training paid by you.						
c.	Action (X one)	d.	Authorizing official						
		(1)	Typed Name (Last, First, Middle Initial)	(4) Telephone nu	mbers				
	(1) Approved			(a) Commerci	ial ( )				
		(2)	Signature						
				(b) Autovon					
	(2) Disapproved	(3)	Title	(5) Date signed (	YYMMDD)				

# PRIVACY ACT STATEMENT **AUTHORITY:** The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). PURPOSE AND USE: The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. **SECTION E - TRAINEE AGREEMENT / CERTIFICATION** 38. AGREEMENT TO CONTINUE IN SERVICE This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.) If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law. I acknowledge that this agreement does not in any way commit the Government to continue my employment. (1) From (Enter date (YYMMDD)) (2) To (Enter date (YYMMDD)) Period of obligated service: 39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully,

due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

TRAINEE SIGNATURE b. DATE SIGNED

	Sec	tion H - EVALUATION	- Continued					
▲		Part II (To be completed by	/ trainee)					<b>-</b>
65.	Comments on strong points of course							
66	Comments on week points of source							
00.	Comments on weak points of course							
67.	What were your objectives in taking this course? W	ere they met?						
68.	Do you recommend this program for others? If so, v	vhom?						
00.	Do you recommend the program for exhere. If co, t							
69.	Additional comments							
70.	a.Signature of trainee				b. Date signe	ed		
lack	Part III (To I	be completed by trainee's in	nmediate supervisor)					<b>■</b>
71.	Have you discussed this course and its application to	the job with this employee	? (X one)		Yes		No	
			, ,,, ,,,					
72.	Were the objectives of the training achieved?							
73.	Additional comments							
74	a.Signature of supervisor	b. Date signed	DEG	SON	NEL USE ONLY	,		
,	2.2.g	D. Date digited	r Li	.5514	TEL OUL OILL			

#### DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

#### PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

PURPOSE AND USE: Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent

employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

# **GENERAL INSTRUCTIONS**

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

### **COPY DISTRIBUTION**

Copy 6: Give finance office to authorize payments. Copy 1: File in the training/personnel folder.

Copy 7: Give finance office to authorize any separate Copy 2: For Agency ADP System. payments for books, material or other costs. Copy 3: Give vendor to nominate employee.

Copy 8: Give employee. Copy 4: Give vendor as the obligation for approved costs.

Copy 9: Use to evaluate training. Copy 5: Give vendor to return to confirm nomination Copy 10: Keep at originating office. status.

#### COMPLETION INSTRUCTIONS

May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required. Item A -

Item B -Follow DoD component instructions.

Item C -Follow local procedures. Normally X beside "initial."

Item D -If this is an amendment, enter number.

### Section A - TRAINEE / APPLICANT INFORMATION

Item 1 - Fill in trainee's name. If n	more than one nominee, list on	Item 11	- Enter trainee's organization name.
	·		

- Item 13 Enter submitting organization's six digit unit
- Item 2 Enter first five letters of trainee's last name. identification code (UIC). (See DoD component instructions.)
- Item 14 Enter appropriate code or abbreviation. Item 3 - Enter trainee's Social Security number.

CC - Career Conditional 1 - Regular Career 2 - Reserve

Item 4 - Enter appropriate code for trainee's educational level. Т - Temporary 3 - National Guard 00 - Not applicable 11 - 3 years of college Excepted I - Intermittent 01 - No formal or some elementary 12 - 4 years of college

Item 15 - To be computed and filled in by the nominating 02 - Elementary graduate 13 - Bachelor Degree training office. 03 - Some high school 14 Post Bachelor

04 - High school graduate or 15 - 1st Professional Item 16 - Self-explanatory

16 - Post 1st Professional

- Master Degree

Post 6th year

Post Doctorate

- Doctorate Degree

18 - Post Master

### Section B - TRAINING COURSE DATA

Item 12 - Enter trainee's organization mailing address.

Item 17, 18, and 19 - Self explanatory.

Item 22a - Follow DoD component instruction.

 6th year Degree Item 20 - Course Codes See reverse.

> Item 21 - Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.

Item 5 - Enter years and months of continuous Federal Government

17

19

20

21

22

Item 6 - Follow local procedures.

Item 7 - Follow local procedures.

Item 8 - Self-explanatory.

certificate of equivalency

05 - Terminal Occupational

Program (TOP)

06 - TOP Certificate

07 - Started college

08 - 1 year of college

09 - 2 years of college

10 - Associate Degree

separate sheet.

Item 9 - Self-explanatory. Item 10 - Self-explanatory. Item 22c - Follow local procedures.

Item 23a & b - Enter in year, month, day sequence the course dates (e.g., June 15, 1977 would be entered as 770615).

Item 22b - Enter training source catalog/course ID number.

#### DD FORM 1556 INSTRUCTIONS (Continued)

### Section B - TRAINING COURSE DATA (Continued)

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

### A - PURPOSE

1 - Mission or program change

2 - New technology

3 - New work assignment

4 - Improve present performance

5 - Meet future staffing needs

## **B-TYPE**

1 - Executive and management

2 - Supervisory

3 - Legal, medical, scientific or engineering

4 - Administration and analysis

5 - Specialty and technical

# C - SOURCE

A - US Army

D - Other DoD

F - US Air Force

M - US Marine Corps

N - US Navy

3 - Non-Government, designed for agency 4 - Non-Government - off-shelf

5 - State or local Government

S - Defense Logistics Agency

2 - Government-Interagency

6 - Develop unavailable skills

9 - Adult basic education

6 - Clerical

7 - Trade or craft

9 - Adult basic education

8 - Orientation

8 - Orientation

7 - Trade or craft apprenticeship

# **D - SPECIAL INTEREST**

0 - No special program 1 - Executive Development 2 - Supervision

## **E - TRAINING VENDOR**

(Follow DoD component instructions.)

### F - SECURITY CLEARANCE OF COURSE

U - Unclassified C - Confidential S - Secret T - Top Secret

### **G - ALLOCATION STATUS**

1- Primary 2 - Alternate

3 - Space Available

### Section C - COSTS AND BILLING INFORMATION

Item 24 - X if applicable.

Item 25a & b - Enter dollars and cents.

Item 25c - Sum of items 25a & b. (See Note below)

Item 25d - Follow DoD component instructions.

Item 26a & b - Enter dollars and cents.

Item 26c - Sum of items 26a & b. (See note below)

Items 27 & 29 - For finance office use. Enter only one accounting classification on each DD 1556.

Items 28 & 31 - Follow local procedures.

Item 30 - Sum of items 25c & 26c.

Note: - For a group, totals are for all trainees.

### Section D - APPROVALS/CONCURRENCE/ **CERTIFICATION**

Item 33 - To be certified/signed by the official designated CPO Head of Training.

Item 32 - To be certified/signed by supervisor of trainee.

Item 34 - Follow local procedures.

Item 35 - School official complete, sign, date and return copy 5.

**Item 36** - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

Items 37 & 38 - Follow local procedures.

#### H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

#### I - TRAINING LEVEL

1 - Elementary

3 - Vocational/Technical/

4 - College, undergraduate

2 - High School

Secretarial/Business/

5 - College, graduate

Commercial/Administrative 6 - College, post graduate

6 - Directed study

7 - Classroom (resident)

# J - METHOD OF TRAINING

1 - On-the-job training (formal)

2 - Rotation of work assignment

3 - Seminar (training)

4 - Conference/meeting/symposium

8 - Classroom (on site) 9 - Test/Equivalency

5 - Correspondence

### K - TRAINING PROGRAM

Follow DoD component instructions

# L - REASON FOR SELECTION OF COURSE

1 - Quality of training

2 Most cost effective

- Unique capability of training source

4 - Location

- Not available in Government

- Incidental to procurement of equipment

# Section E - TRAINEE AGREEMENT/CERTIFICATION Reverse of Copy 1

The trainee (applicant) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

Item 38f - To be completed by nominating Training Office.

Item 39 - To be signed and dated by employee nominated for nongovernment training.

# Section F - TRAINING VENDOR Reverse of Copy 3, 4 & 5

Items 40 & 43 - Instructions on reverse of copy 3.

Item 44 - Reverse of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

> Section G - FINANCE Reverse of Copies 6 & 7

Items 45, 46, or 47 as appropriate, filled in by the nominating activity Training Office.

### Section H - EVALUATION Copy 9

To be completed by trainee and immediate supervisor after training is completed (following agency instructions).