

REQUEST AND AUTHORIZATION OF EXTERNAL TRAINING

Section A - TRAINEE INFORMATION

1. Applicant's Name (<i>Last, First, and Middle</i>)		Signature		2. Social Security No.	3. Date of Birth (<i>Year/Month</i>)
4. Home Address (<i>Number, Street, City, State, ZIP Code</i>)		5. Home Telephone		6. Position Level (<i>Mark (X) One Only</i>)	
				<input type="checkbox"/> Non-Supervisory	<input type="checkbox"/> Manager
				<input type="checkbox"/> Supervisory	<input type="checkbox"/> Executive
7. Applicant's Unit and Mailing Address/Mail Stop			8. Office Telephone		9. Civilian Service (<i>Years/Months</i>)
10. Budget Code	11. Position Title		12. Applicant Handicapped? (<i>See instructions</i>)		13. OC Level

Section B - COURSE INFORMATION

14. Course Title and Catalog Code (If any)				15. Training Objectives (<i>Benefits to be derived by the government</i>)			
16. Name/Mailing Address/Telephone Number of Training Vendor <i>(Number, Street, City, State, Zip Code)</i>				17. Location of Training Site (If same, Leave Blank)			
				19. Number Of Course Hours <i>(4 Digits)</i>		20. Training Code (<i>See instructions</i>)	
18. Training Dates (<i>6 digits</i>)		YEAR	MONTH	DAY	a. During Duty	Code	Code
Start					b. Non-duty	a. Purpose	c. Source
Complete					c. TOTAL	b. Type	d. Special Interest

Section C - ESTIMATED COSTS AND BILLING INFORMATION

Section D - APPROVALS

21. Direct Costs and Appropriation/Fund Chargeable			25. Immediate Supervisor - Name/Title		Area Code/Tel No./Extension	
Item	Amount	Appropriation/Fund	Signature		Date	
a. Tuition						
b. Books or Materials			26. Second line Supervisor - Name/Title		Area Code/Tel. No./Extension	
c. Other			Signature		Date	
d. TOTAL						
22. Indirect Costs and Appropriation/Fund Chargeable			Section E - PROCESSING/CONCURRENCE			
Item	Amount	Appropriation/Fund	27. Training Processor - Name/Title		Area Code/Tel No./Extension	
a. Travel			Signature		Date	
b. Per diem						
c. Other			28. Concurring Training Official		Area Code/Tel No./Extension	
d. TOTAL			Signature		Date	
23. Purchase Order/Requisition Number						
24. Billing Instructions/8 Digit Station Symbol						

Section F - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

NOTE: This agreement must be signed by the nominee for 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 below 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.

1. I AGREE that, upon completion of the Government sponsored training described in this request, if I receive salary covering the training period. I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (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.) NOTE: For the purpose of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency 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 1 above. I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the 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.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or in completions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

29. Period of obligated service

30. Employee's Signature

Date

PRIVACY ACT STATEMENT

General - This information is provided pursuant to Public Law 93.579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority - The Government Employees Training Act of 1958 (U.S. Code, Title 5 sections 4101 to 4118).

Purposes and Uses - 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 it 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.

Effects of Nondisclosure - Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b) - Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

GENERAL INSTRUCTIONS - After the trainee and his/her immediate and second line supervisors have completed and signed this form, the original and **two (2)** copies must be sent to your training unit. If copies of this form are desired by the originating organization or applicant, they should be made before the original and two copies are forwarded to training.

Please review the Continue-in-Service Agreement and Privacy Act Statement included in this form before submitting this request.

SPECIFIC INSTRUCTIONS

Section A - TRAINEE AND COURSE INFORMATION

Item 1 - Self-explanatory

Item 2 - Use 9 digits for the Social Security Number

Item 3 - Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01)

Items 4-8 - Self explanatory/follow agency instructions

Item 9 - Enter number of years and month of continuous civilian Government service.

Items 10 - 11 - Self explanatory

Item 12 - Indicate disability and special training needs, if any.

Item 13 - Self-explanatory

SECTION B - TRAINING COURSE DATA

Items 14-17 - Self-explanatory

Item 18 - Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15.

Item 19 - The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.

Item 20 - Select an appropriate code for each item listed below and enter in code boxes on form.

SECTION C - ESTIMATED COSTS AND BILLING INFORMATION

Items 21 - 24 - Self-explanatory

SECTION D - APPROVALS

Items 25 - 26 - To be completed by applicant's immediate and/or second line supervisor(s) before submission of form to training unit as indicated in the general instructions.

SECTION E - PROCESSING/CONCURRENCE

Item 27 - To be completed by the training processor.

Item 28 - To be completed by designated training officer.

NOTE: Approving, processing, and concurring officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

SECTION F - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact your training unit.

CODES FOR ITEM 20 (See 1-part form for code definitions)

A. PURPOSE

- 1 Mission or program change
- 2 New technology
- 3 New work assignment
- 4 Improve present performance
- 5 Meet future staffing needs
- 6 Develop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

B. TYPE

- 1 Executive and Management
- 2 Supervisory
- 3 Legal, Medical, Scientific or Engineering
- 4 Administration and analysis
- 5 Specialty and Technical
- 6 Clerical
- 7 Trade or craft
- 8 Orientation
- 9 Adult basic education

C. SOURCE

- 1 Government - Agency
- 2 Government - Interagency
- 3 Non-government - Designed for agency
- 4 Non-government - Off shelf
- 5 State or local government

D. SPECIAL INTEREST

- 0 No special program
- 1 Executive development
- 2 Supervision
(other codes may be developed - follow agency instructions)

CERTIFICATION AND EVALUATION OF EXTERNAL TRAINING

Section A - TRAINEE AND COURSE INFORMATION

1. Trainee's Name (<i>Last, First, Middle</i>)		Signature		2. Social Security Number	3. Date of Birth (<i>Year/Month</i>)
4. Training Dates		YEAR	MONTH	DAY	5. Course Title and Catalog Code (if any)
A. Start					6. Course Vendor and Location
B. Complete					

SECTION B - ATTENDANCE, COMPLETION AND EVALUATION DATA (To be completed by trainee)

7. All Sessions Were Attended		8. Course Was Completed				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes			
<input type="checkbox"/>	No - Notify Immediate Supervisor	<input type="checkbox"/>	If "no", give explanation.			
AREAS OF EVALUATION <i>Place (X) in appropriate column to indicate your evaluation. Do not split a rating)</i>				Rating		
				A	B	C
9. Accomplishment of Training Objectives	A = Yes	B = Partially	C = No			
10. Applicability of Subject Matter to the Job	A = Significant	B = Adequate	C = Insignificant			
11. Recommendation to Colleagues	A = Recommend	B = Uncertain	C = Not recommend			
12. Overall Rating	A = Excellent	B = Good	C = Poor			
13. Comments on Strengths and Weaknesses or Any Other Aspects of Training						

Section C - SUPERVISORY COMMENTS (To be completed by trainee's immediate supervisor)

14. Have you discussed this course with trainee?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
15. Name of supervisor certifying that training has been completed					
				Signature	Date
TRAINING OFFICE					

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Please review the Privacy Act Statement included in this form before submitting this document.

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Items 4-6 - Self explanatory/follow agency instructions

SECTION B - ATTENDANCE, COMPLETION AND EVALUATION DATA

Items 7 - 8 - Self-explanatory

Items 9 - 13 - Provide evaluations as requested; please be as specific as possible in providing narrative comments.

SECTION C - SUPERVISORY COMMENTS

Items 14-15 - Self-explanatory