

<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>	A. Agency, code agency subelement and submitting office number	B. Request Status <i>(Mark (X) one)</i> <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation
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**Section A - TRAINEE INFORMATION**  
Please read instructions on page 6 before completing this form

1. Applicant's Name <i>(Last, First, Middle Initial)</i>		2. Social Security Number/Federal Employee Number		3. Date of Birth <i>(yyyy-mm-dd)</i>	
4. Home Address <i>(Number, Street, City, State, ZIP Code)</i> (Optional)		5. Home Telephone (Optional) <i>(Include Area Code)</i>		6. Position Level <i>(Mark (X) one)</i>	
				<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> b. Manager
				<input type="checkbox"/> c. Supervisory	<input type="checkbox"/> d. Executive
7. Organization Mailing Address <i>(Branch-Division/Office/Bureau/Agency)</i>		8. Office Telephone <i>(Include Area Code and Extension)</i>		9. Work Email Address	
10. Position Title		11. Does applicant need special accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level <i>(click link to view codes or go to page 7)</i>	14. Pay Plan	15. Series	16. Grade	17. Step

**Section B - TRAINING COURSE DATA**

1a. Name and Mailing Address of Training Vendor <i>(No., Street, City, State, ZIP Code)</i>		1b. Location of Training Site <i>(if same, mark box)</i> <input type="checkbox"/>	
		1c. Vendor Telephone Number	1d. Vendor Email Address
2a. Course Title	2b. Course Number Code	3. Training Start Date <i>(Enter Date as yyyy-mm-dd)</i>	
		4. Training End Date <i>(Enter Date as yyyy-mm-dd)</i>	
5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type <i>(Click link to view codes or go to page 9)</i>	
		8. Training Type Code <i>(Click link to view codes or go to page 9)</i>	
9. Training Sub Type Code <i>(Click link to view codes or go to page 9)</i>	10. Training Delivery Type Code <i>(Click link to view codes or go to page 12)</i>	11. Training Designation Type Code <i>(Click link to view codes or go to page 13)</i>	12. Training Credit
		13. Training Credit Type Code <i>(Click link to view codes or go to page 13)</i>	
14. Training Accreditation Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	
		17. Training Source Type Code <i>(Click link to view codes or go to page 13)</i>	
18. Training Objective		19. AGENCY USE ONLY	

**Section C - COSTS AND BILLING INFORMATION**

1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable		
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund
a. Tuition and Fees	\$		a. Travel	\$	
b. Books & Material Costs	\$		b. Per Diem	\$	
c. TOTAL	\$		c. TOTAL	\$	
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>		
4. Document / Purchasing Order / Requisition Number					
5. 8 - Digit Station Symbol <i>(Example - 12-34-5678)</i>					

**Section D - APPROVALS**

1a. **Immediate Supervisor** - *Name and title*

1b. **Area Code / Telephone Number**

1c. **Email Address**

1d. **Signature**

1e. **Date**

2a. *Second-line Supervisor - Name and title*

2b. *Area Code / Telephone Number*

2c. *Email Address*

2d. *Signature*

2e. *Date*

3a. *Training Officer - Name and title*

3b. *Area Code / Telephone Number*

3c. *Email Address*

3d. *Signature*

3e. *Date*

**Section E - APPROVALS / CONCURRENCE**

1a. *Authorizing Official - Name and title*

1b. *Area Code / Telephone Number*

1c. *Email Address*

1d. *Signature*

Approved     Disapproved

1e. *Date*

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**

1a. *Authorizing Official - Name and title*

1b. *Area Code / Telephone Number*

1c. *Email Address*

1d. *Signature*

1e. *Date*

TRAINING FACILITY ~ Bills should be sent to office indicated in item C6. | Please refer to number given in item C4 to assure prompt payment.

## Privacy Act Statement

**Authority** – This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

**Purposes and Uses** – The primary purpose of the information collected is for use in the administration of the Federal Training Program (FTP) to document the nomination of trainees and completion of training. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the Governmentwide electronic system, (the Enterprise Human Resource Integration system (EHRI) and is subject to all of the published routine uses of that system of records.

**Effects and Nondisclosure** – Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

**Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b)** – Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the Executive Order 9397, dated November 22, 1943. Your SSN will be used primarily to give you recognition for completing the training and to accumulate Governmentwide training statistical data and information. SSNs also will be used for the selection of persons to be included in statistical studies of training management matters. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.