

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Automated)																	
A. Agency code and subelement, and submitting office no. (xx-xx-xxx)			B. Standard document number (Org. identifier/FY,Doc/type code/Serial No.)				C. Request Status or Process Code (x one)				D. Amendment No						
							(1) Initial		(2) Resubmission								
							(3) Correction		(4) Cancellation								
Section A - TRAINEE / APPLICANT INFORMATION																	
1. Name (Last, First, Middle Initial)			2. 1st 5 Letters of Last name			3. SSN		4. Ed. Level		5. Cont. Fed. Svc. a. Yrs b. Mo.'s							
6. Home Addr (Street/City/St/Zip) (opt)			7. Phone No.'s (Inc. area code)			8. Position Title											
			a. Home () -			b. Office			9. Pos. Level (x one)								
11. Organization Name			(1) Comm () -			a. Executive			10. Pay Plan/Series/Grade Step (Rank/MOS/AFSC/ Navy Designator)								
			(2) DSN -			b. Manager											
12. Organization Mailing Addr & ZIP			13. Org UIC			c. Supervisory			14. Type of Appt		15. No. prior non-gov't training days						
			16. Are you handicapped or disabled? (x one)		Yes	No	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 No.								
c. Source		h. Priority		23. Training Period (YYMMDD)		c. Total			c. Offering/TLN								
d. Special Interest		i. Training Level		a. Start													
e. Trng Vendor		j. Method of Training		b. Complete													
Section C - COST INFORMATION (Cost 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 rest of Sec. C and x here)																	
25. Direct Costs				26. Indirect Costs (For info only)				27. Accounting Classification									
a. Tuition cost		\$		a. Travel cost		\$											
b. Books, Mat'l., etc.		\$		b. Per diem/other costs		\$											
c. Total direct cost		\$		c. Total indirect costs		\$											
d. Funding source				28. Labor Cost				\$		29. Signature of Fiscal Officer		30. Total of Direct & Indirect Cost					
31. Job Order No.																	
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, M.I.)			b. Phone No. (Incl area code) () -			a. Typed Name (Last, First, M.I.)			b. Phone No. (Incl 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		a. Accepted		c. School Official Signature		d. Date							
b. Typed Name (Last, First, M.I.)			c. Phone No. (Incl area code) () -			b. Not Accepted											
d. Signature & Title			e. Date			36. Course Completion (To be completed by school official)		a. Course not completed, X here, leave section blank & return form with explanation memo		b. Actual completion Date (YYMMDD)		c. Grade					
37. Billing Instructions (Identify discount terms % days) Furnish original invoice and 3 copies to:						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. DSN Number			e. Check Number			f. Voucher No.											

TRAINING FACILITY: Send invoice to address in item 37, Refer to standard document no., item B at top of page, for prompt payment.