RESET

EMAIL TO:

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

A. Agency code and subelement, and submitting office number *(xx-xx-xxxx)*	B. Standard document number *(Org identified/FY, Doc./type code/Serial number)*	C. Request Status of 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. Social Security Number	4. Ed. level	5. Continuous Federal Service a. Years	b. Months
6. Home Address *(Street, City, State and ZIP Code) (optional)*	7. Phone Numbers *(include area code)* a. Home	8. Position Title			
	b. Office	9. Position Level I*(X one)*		10. *Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)*	
11. Organization Name	(1) Commercial	☐ a. Executive			
	(2) DSN	☐ b. Manager		14. Type of Appointment	15. No. prior non-government training days
12. Organization Mailing Address *(Include ZIP)*	13. Organization UIC	☐ c. Supervisory			
	16. Are you handicapped or disabled? *(X one)* ☐ Yes ☐ No	☐ d. Non Supervisory			

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
This training is on the Annual Training Plan: ☐ Yes ☐ No This training is on the Individual Development Plan: ☐ Yes ☐ No	b. Mailing Address *(include ZIP)*

20. Course Codes:						c. Location of training site *(If other than 19b)*			
a. Purpose		f. Security Clearance		k. Training Program					
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours *(4 digits)*		22. Course Identifiers	
c. Source		h. Priority		23. Training Period *(YYMMDD)*		a. Duty		a. SAID	
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course No.	
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL	0	c. Offering/TLN	

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 costs		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): SUSAN U. SOULE OR ALANA B. JENSEN
31. Job Order No.				30. Total of Direct & Indirect Costs: $0.00

Section D – APPROVAL//CONCURRENCE/CERTIFICATION

32. Supervisor: I certify training is job relate and nominee meets prerequisites. *(If not, attach waiver)*		32. 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 and Title	d. Date 21-Apr-2004	c. Signature and Title	
34. Authorizing Official		35. Course Acceptance *(To be completed by school official)*	
a. Action (X one) ▶ ☐ (1) Approved ☐ (2) Disapproved		☐ a. Accepted ☐ b. Not Accepted	c. School Official Signature / d. Date
b. Typed Name *(Last, First Middle Initial)*	c. Phone number *(Include area code)*	38. Course Completion *(To be completed by school official)*	
d. Signature and Title	e. Date	a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. ▶ ☐	b. Actual Completion Date *(YYYYMMDD)* / c. Grade
37. Billing Instructions *(Identify discount terms % days.)*		c. Signature and 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	Date Signed
		d. DSSN Number / 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.