

| <b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)</b>  |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
|--|--|---|--|-------------------------------------|---------------------------|---|--------------|--------------------------------------|---|--------------------|--|--|--|--|
| A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)   |  |   | B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number) |                                     |                           | 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. SOCIAL SECURITY NUMBER |   | 4. ED. LEVEL |                                      | 5. CONTINUOUS FEDERAL SVC.<br>a. Years      b. Months |                    |  |  |  |  |
| 6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)  |  |   | 7. TELEPHONE NUMBERS (Include area code)   |                                     |                           | 8. POSITION TITLE   |              |                                      |   |                    |  |  |  |  |
|  |  |   | a. Home  |                                     |                           | b. Office   |              |                                      | 9. POSITION LEVEL (X one)                             |                    |  | 10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator) |  |  |
| 11. ORGANIZATION NAME  |  |   | (1) Commercial   |                                     |                           | a. Executive  |              |                                      | 14. TYPE OF APPOINTMENT                               |                    |  |  |  |  |
| 12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)  |  |   | (2) DSN  |                                     |                           | b. Manager  |              |                                      |   |                    |  |  |  |  |
|  |  |   | 13. ORGANIZATION UIC   |                                     |                           | c. Supervisory  |              |                                      | 16. ARE YOU HANDICAPPED OR DISABLED? (X one)          |                    |  | 17. NO. PRIOR NON-GOVERNMENT TRAINING DAYS                         |  |  |
| Yes  |  |   |  |                                     |                           | No  |              |                                      |   |                    |  |  |  |  |
| 16. ARE YOU HANDICAPPED OR DISABLED? (X one)   |  |   | e. Other (Specify)   |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
|  |  |   | No   |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 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 Code)                              |  |  |
| 20. COURSE CODES   |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| a. Purpose   |  | f. Security Clearance                       |  | k. Training Program                 |                           | 19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY   |              |                                      |   |                    |  |  |  |  |
| b. Type  |  | g. Allocation Status                        |  | l. Reason for Selection             |                           |   |              |                                      |   |                    |  |  |  |  |
| c. Source  |  | h. Priority                                 |  | 23. TRAINING PERIOD (YYYYMMDD)      |                           | 21. COURSE HOURS (4 digits)   |              | 22. COURSE IDENTIFIERS               |   |                    |  |  |  |  |
| d. Special Interest  |  | i. Training Level                           |  | a. Start                            |                           | a. Duty   |              | a. SAID                              |   |                    |  |  |  |  |
| e. Training  |  | j. Method of Training                       |  | b. Complete                         |                           | b. Non-duty   |              | b. Catalog/Course                    |   |                    |  |  |  |  |
|  |  |   |  |                                     |                           | c. TOTAL  |              | c. Offering/TLN                      |   |                    |  |  |  |  |
| 20. COURSE CODES   |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 23. TRAINING PERIOD (YYYYMMDD)   |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 21. COURSE HOURS (4 digits)  |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 22. COURSE IDENTIFIERS   |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 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 <input type="checkbox"/> |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 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 <input type="checkbox"/> |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |
| 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)  |              |                                      | 30. TOTAL OF DIRECT & INDIRECT COSTS                  |                    |  |  |  |  |
| 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, Middle Initial)  |  |   | b. Phone number (Include area code)  |                                     |                           | a. Typed Name (Last, First, Middle Initial)   |              |                                      | b. Phone number (Include area code)                   |                    |  |  |  |  |
| c. Signature & Title   |  |   | d. Date (YYYYMMDD)   |                                     |                           | c. Signature & Title  |              |                                      | d. Date (YYYYMMDD)                                    |                    |  |  |  |  |
| 34. AUTHORIZING OFFICIAL   |  |   |  |                                     |                           | 35. COURSE ACCEPTANCE (To be completed by school official)  |              |                                      |   |                    |  |  |  |  |
| a. Action (X one) <input type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved <input type="checkbox"/>  |  | b. Typed Name (Last, First, Middle Initial) |  | c. Phone number (Include area code) |                           | a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/>   |              | c. School Official Signature         |   | d. Date (YYYYMMDD) |  |  |  |  |
| d. Signature & Title   |  |   | e. Date (YYYYMMDD)   |                                     |                           | 36. COURSE COMPLETION (To be completed by school official)  |              |                                      |   |                    |  |  |  |  |
| 37. BILLING INSTRUCTIONS (Identify discount terms % days.)<br>Furnish original invoice and 3 copies to:  |  |   |  |                                     |                           | a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> |              | b. Actual Completion Date (YYYYMMDD) |   | c. Grade           |  |  |  |  |
|  |  |   |  |                                     |                           | d. Signature & Title  |              | e. Date (YYYYMMDD)                   |   |                    |  |  |  |  |
| 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 (YYYYMMDD)   |              |                                      |   |                    |  |  |  |  |
| d. DSSN Number   |  |   | e. 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.        |  |   |  |                                     |                           |   |              |                                      |   |                    |  |  |  |  |

**SECTION E - TERMINATION AND EVALUATION DATA (To be completed by trainee)**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| <b>39. WAS COURSE COMPLETED (X one)</b><br><input type="checkbox"/> a. Yes (If not, return form with a memo explaining circumstances)<br><input type="checkbox"/> b. No | <b>40. ACTUAL COURSE DATES (YYYYMMDD)</b><br><input type="checkbox"/> a. Commenced <input type="checkbox"/> b. Completed | <b>41. ACTUAL COURSE HOURS</b><br><input type="checkbox"/> a. Duty <input type="checkbox"/> b. Non-duty | <b>42. ACADEMIC GRADE/ SCORE</b> |
|---|--|---|----------------------------------|

**43. WERE ALL SESSIONS ATTENDED? (X one)**  
 a. Yes  
 b. No (Explain reason)

**44. WHAT WERE YOUR OBJECTIVES IN TAKING THIS COURSE? WERE THEY MET?**

| AREAS OF EVALUATION   |                      |                 | RATING               |   |   |
|---|----------------------|-----------------|----------------------|---|---|
| <i>X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.</i> |                      |                 | A                    | B | C |
| 45. STATED OBJECTIVE ACCOMPLISHED   | A - Yes              | B - Partially   | C - No               |   |   |
| 46. COVERAGE OF SUBJECT MATTER  | A - Excellent        | B - Sufficient  | C - Poor             |   |   |
| 47. ORGANIZATION OF SUBJECT MATTER  | A - Well organized   | B - Adequate    | C - Poorly organized |   |   |
| 48. SUITABILITY OF INSTRUCTIONAL MATERIALS  | A - Excellent        | B - Adequate    | C - Poor             |   |   |
| 49. LEVEL OF DIFFICULTY   | A - Too advanced     | B - Appropriate | C - Too elementary   |   |   |
| 50. LENGTH OF COURSE  | A - Too long         | B - Appropriate | C - Too short        |   |   |
| 51. AMOUNT OF OUTSIDE OR EVENING WORK   | A - Too much         | B - Appropriate | C - Insufficient     |   |   |
| 52. EFFECTIVENESS OF INSTRUCTORS  | A - Excellent        | B - Good        | C - Poor             |   |   |
| 53. APPLICABILITY OF SUBJECT MATTER TO JOB  | A - Significant      | B - Adequate    | C - Insignificant    |   |   |
| 54. FACILITIES  | A - Excellent        | B - Good        | C - Poor             |   |   |
| 55. RECOMMENDATION TO COLLEAGUES  | A - Highly recommend | B - Recommend   | C - Not recommended  |   |   |
| 56. MEET CAREER DEVELOPMENT PLANS   | A - Yes              | B - No          | C - Not applicable   |   |   |

**57. COMMENTS ON COURSE STRENGTHS/WEAKNESSES**

**SECTION F - SUPERVISORY COMMENTS (To be completed by trainee's immediate supervisor)**

**58. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE? (X one)**  
 a. Yes       b. No

**59. WHAT ARE YOUR OBJECTIVES IN HAVING EMPLOYEES ATTEND COURSE? (Complete at time of nomination)**

**60. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?**

**61. ADDITIONAL COMMENTS**

|  |   |
|--|---|
| <b>62. SUPERVISOR</b><br><input type="checkbox"/> a. Signature <input type="checkbox"/> b. Date (YYYYMMDD) | <b>63. TRAINEE</b><br><input type="checkbox"/> a. Signature <input type="checkbox"/> b. Date (YYYYMMDD) |
|--|---|

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To request training by employees or military personnel and to document the authorization for expenses of such training; agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

**ROUTINE USE(S):** Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

**ROUTINE USE(S):** Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

**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 1:** File in the training/personnel folder.

**Copy 2:** For Agency ADP System.

**Copy 3:** Give vendor to nominate employee.

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

**Copy 5:** Give vendor to return to confirm nomination status.

**Copy 6:** Give finance office to authorize payments.

**Copy 7:** Give finance office to authorize any separate payments for books, material or other costs.

**Copy 8:** Give employee.

**Copy 9:** Use to evaluate training.

**Copy 10:** Keep at originating office.

**COMPLETION INSTRUCTIONS**

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

**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 more than one nominee, list on separate sheet.

**Item 2** - Enter first five letters of trainee's last name.

**Item 3** - Enter trainee's Social Security number.

**Item 4** - Enter appropriate code for trainee's educational level.

|   |                            |
|---|----------------------------|
| 00 - Not applicable                                     | 11 - 3 years of college    |
| 01 - No formal or some elementary                       | 12 - 4 years of college    |
| 02 - Elementary graduate                                | 13 - Bachelor Degree       |
| 03 - Some high school                                   | 14 - Post Bachelor         |
| 04 - High school graduate or certificate of equivalency | 15 - 1st Professional      |
| 05 - Terminal Occupational Program (TOP)                | 16 - Post 1st Professional |
| 06 - TOP Certificate                                    | 17 - Master Degree         |
| 07 - Started college                                    | 18 - Post Master           |
| 08 - 1 year of college                                  | 19 - 6th year Degree       |
| 09 - 2 years of college                                 | 20 - Post 6th year         |
| 10 - Associate Degree                                   | 21 - Doctorate Degree      |
|   | 22 - Post Doctorate        |

**Item 5** - Enter years and months of continuous Federal Government service.

**Item 6** - Follow local procedures.

**Item 7** - Follow local procedures.

**Item 8** - Self-explanatory.

**Item 9** - Self-explanatory.

**Item 10** - Self-explanatory.

**Item 11** - Enter trainee's organization name.

**Item 12** - Enter trainee's organization mailing address.

**Item 13** - Enter submitting organization's six digit unit identification code (UIC). (*See DoD component instructions.*)

**Item 14** - Enter appropriate code or abbreviation.

|                         |                    |
|-------------------------|--------------------|
| CC - Career Conditional | 1 - Regular        |
| C - Career              | 2 - Reserve        |
| T - Temporary           | 3 - National Guard |
| E - Excepted            | I - Intermittent   |

**Item 15** - To be computed and filled in by the nominating training office.

**Item 16** - Self-explanatory

**SECTION B - TRAINING COURSE DATA**

**Items 17, 18, and 19** - Self explanatory.

**Item 20** - Course Codes. See back.

**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 22a** - Follow DoD component instruction.

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

**Item 22c** - Follow local procedures.

**Items 23a & b** - Enter in year, month, day sequence the course dates (*In YYYYMMDD format, e.g., June 15, 2000 would be entered as 20000615.*)

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

**B - TYPE**

- |   |                             |
|---|-----------------------------|
| 1 - Executive and management                  | 5 - Specialty and technical |
| 2 - Supervisory                               | 6 - Clerical                |
| 3 - Legal, medical, scientific or engineering | 7 - Trade or craft          |
| 4 - Administration and analysis               | 8 - Orientation             |
|   | 9 - Adult basic education   |

**C - SOURCE**

- |                     |   |
|---------------------|---|
| A - US Army         | S - Defense Logistics Agency            |
| D - Other DoD       | 2 - Government-Interagency              |
| F - US Air Force    | 3 - Non-Government, designed for agency |
| M - US Marine Corps | 4 - Non-Government - off-shelf          |
| N - US Navy         | 5 - State or local Government           |

**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

**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/Secretarial/ Business/Commercial/ Administrative | 4 - College, undergraduate |
| 2 - High School |  | 5 - College, graduate      |
|                 |  | 6 - College, post graduate |

**J - METHOD OF TRAINING**

- |                                  |                          |
|----------------------------------|--------------------------|
| 1 - On-the-job training (formal) | 6 - Directed study       |
| 2 - Rotation of work assignment  | 7 - Classroom (resident) |
| 3 - Seminar (training)           | 8 - Classroom (on site)  |
| 4 - Conference/meeting/symposium | 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
- 3 - Unique capability of training source
- 4 - Location
- 5 - Not available in Government
- 6 - Incidental to procurement of equipment
- 7 - Timeliness

**SECTION C - COSTS AND BILLING INFORMATION**

**Item 24** - X if applicable.

**Items 25a & b** - Enter dollars and cents.

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

**Item 25d** - Follow DoD component instructions.

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

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

**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.

**SECTION E - TRAINEE AGREEMENT/CERTIFICATION**

*(Back 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 non-government training.

**SECTION F - TRAINING VENDOR**

*(Back of Copies 3, 4 & 5)*

**Items 40 & 43** - Instructions on back of copy 3.

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

**SECTION G - FINANCE**

*(Back 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)*.