

REQUEST, AUTHORIZATION, 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) N0007604TG040	C. Request Status of Process Code (x one) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> (1) Initial</td> <td><input type="checkbox"/> (2) Resubmission</td> </tr> <tr> <td><input type="checkbox"/> (3) Correction</td> <td><input type="checkbox"/> (4) Cancellation</td> </tr> </table>	<input type="checkbox"/> (1) Initial	<input type="checkbox"/> (2) Resubmission	<input type="checkbox"/> (3) Correction	<input type="checkbox"/> (4) Cancellation	D. Amendment No.
<input type="checkbox"/> (1) Initial	<input type="checkbox"/> (2) Resubmission						
<input type="checkbox"/> (3) Correction	<input type="checkbox"/> (4) Cancellation						

Section A – TRAINEE/APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1 st 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)		8. Position Title	
	a. Home			
11. Organization Name	7. Phone Numbers (include area code)		8. Position Title	
	b. Office			
12. Organization Mailing Address (Include ZIP)	9. Position Level I(X one)		10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)	
	(1) Commercial <input type="checkbox"/>		a. Executive <input type="checkbox"/>	
	(2) DSN <input type="checkbox"/>		b. Manager <input type="checkbox"/>	
	13. Organization UIC 00076 <input type="checkbox"/>		c. Supervisory <input type="checkbox"/>	
	16. Are you handicapped or disabled? (X one)		14. Type of Appointment	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		15. No. prior non-government training days	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section B – TRAINING COURSE DATA

17. Course Title				19. Recommended Training Source, School or Facility			
18. Training Objectives (Benefits to be derived by the Government) This training is on the Annual Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No This training is on the Individual Development Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No				b. Mailing Address (include ZIP)			
20. Course Codes:				21. Course hours (4 digits)			
a. Purpose	4	f. Security Clearance		k. Training Program		22. Course Identifiers	
b. Type		g. Allocation Status		l. Reason for Selection		a. SAID	
c. Source	3	h. Priority		23. Training Period (YYMMDD)		b. Catalog/Course No.	
d. Special Interest		i. Training Level		a. Start		c. Offering/TLN	
e. Training Vendor		j. Method of Training	8	b. Complete			

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 checked="" type="checkbox"/>					
25. Direct Costs		26. Indirect Costs (For Information Only)		27. Accounting Classification	
a. Tuition Cost		a. Travel Cost		AA1741804.76M1 000 00076 0 068566 2D 00000	
b. Books, material, other costs	\$0.00	b. Per diem/other costs		0007640400Q PAYMENT WILL BE MADE BY THE GCPC	
c. Total direct costs		c. Total indirect costs		(POC:DEBORAH CUMMINGS, (850)452-2911, FAX (850) 452-3739, EMAIL DEBORAH.CUMMINGS@NAVY.MIL)	
d. Funding source		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)	
31. Job Order No. 00076404Q00Q				SUSAN SOULE OR ALANA JENSEN	
				30. Total of Direct & Indirect Costs: \$1540	

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)	
HARRIS, B. O., LTJG, USN				MAGLOIRE SERGE		(850)452-2660	
c. Signature and Title				c. Signature and Title			
ADMINISTRATIVE OFFICER				SUPV HR SPECIALIST, HR DEVELOPMENT			
34. Authorizing Official				35. Course Acceptance (To be completed by school official)			
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved		c. Phone number (Include area code)		a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/>		c. School Official Signature	
HARRIS, B. O., LTJG, USN						d. Date	
d. Signature and Title				38. Course Completion (To be completed by school official)			
ADMINISTRATIVE OFFICER				a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/>		b. Actual Completion Date (YYYYMMDD)	
e. Date				c. Signature and Title		c. Grade	
37. Billing Instructions (Identify discount terms % days.)				38. Certifying Government Official			
PAYMENT WILL BE MADE BY THE GOVERNMENT CREDIT CARD.				a. I certify that this account is correct and proper for payment in the amount of: \$			
SEND INVOICES TO:				b. Signature			
NETC (CODE N411)				Date Signed			
250 DALLAS ST				d. DSSN Number		e. Check Number	
PENSACOLA FL 32508-5220				f. Voucher Number			
ATTN: MR. JIM KIGHT							

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.