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
01 - No formal or some elementary
02 - Elementary graduate
03 - Some high school
04 - High school graduate or certificate of equivalency
05 - Terminal Occupational Program (TOP)
06 - TOP Certificate
07 - Started college
08 - 1 year of college
09 - 2 years of college
10 - Associate Degree
11 - 3 years of college
12 - 4 years of college
13 - Bachelor Degree
14 - Post Bachelor
15 - 1st Professional
16 - Post 1st Professional
17 - Master Degree
18 - Post Master
19 - 6th year Degree
20 - Post 6th year
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
C - Career
T - Temporary
E - Excepted
1 - Regular
2 - Reserve
3 - National Guard
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).*

SECTION B - TRAINING COURSE DATA *(Continued)*

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

A - PURPOSE

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

B - TYPE

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

C - SOURCE

A - US Army
D - Other DoD
F - US Air Force
M - US Marine Corps
N - US Navy
S - Defense Logistics Agency
2 - Government-Interagency
3 - Non-Government, designed for agency
4 - Non-Government - off-shelf
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
2 - High School
3 - Vocational/ Technical/Secretarial/ Business/Commercial/ Administrative
4 - College, undergraduate
5 - College, graduate
6 - College, post graduate

J - METHOD OF TRAINING

1 - On-the-job training (formal)
2 - Rotation of work assignment
3 - Seminar (training)
4 - Conference/meeting/symposium
5 - Correspondence
6 - Directed study
7 - Classroom (resident)
8 - Classroom (on site)
9 - Test/Equivalency

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)*.

X the appropriate copy designator.

- [ ] Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER)
- [ ] Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)
- [ ] Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, Etc.)
- [ ] Copy 8- AGENCY (EMPLOYEE)
- [ ] Copy 10- ACTIVITY (OPTIONAL USE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

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. a. Years	b. Months
			00		

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)* [ ] a. Executive [ ] b. Manager [ ] c. Supervisory [ ] d. Non-Supervisory [ ] e. Other *(Specify)*
11. ORGANIZATION NAME	(1) Commercial	10. PAY PLAN/SERIES/GRADE/STEP *(Rank/MOS/AFSC/or Navy Designator)*
	(2) DSN	
12. ORGANIZATION MAILING ADDRESS *(Include ZIP Code)*	13. ORGANIZATION UIC	14. TYPE OF APPOINTMENT: CC
	16. ARE YOU HANDICAPPED OR DISABLED? *(X one)* [ ] Yes [ ] No	15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS

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)*
	c. Location of Training Site *(If other than 19b)*

20. COURSE CODES

a. Purpose	1	f. Security Clearance	U	k. Training Program	NA
b. Type	1	g. Allocation Status	1	l. Reason for Selection	7
c. Source	A	h. Priority	1		
d. Special Interest	0	i. Training Level	1		
e. Training Vendor	NA	j. Method of Training	1		

23. TRAINING PERIOD *(YYYYMMDD)*	
a. Start	
b. Complete	

21. COURSE HOURS *(4 digits)*		22. COURSE IDENTIFIERS	
a. Duty		a. SAID	
b. Non-duty		b. Catalog/Course No.	
c. TOTAL		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)*
31. JOB ORDER NO.				30. TOTAL OF DIRECT & INDIRECT COSTS

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.

a. Typed Name *(Last, First, Middle Initial)*	b. Phone Number *(Include area code)*
c. Signature & Title	d. Date *(YYYYMMDD)*

33. TRAINING OFFICER: I certify this training meets regulatory requirements.

a. Typed Name *(Last, First, Middle Initial)*	b. Phone Number *(Include area code)*
c. Signature & Title	d. Date *(YYYYMMDD)*

34. AUTHORIZING OFFICIAL

a. Action *(X one)* [ ] (1) Approved [ ] (2) Disapproved

b. Typed Name *(Last, First, Middle Initial)*	c. Phone Number *(Include area code)*
d. Signature & Title	e. Date *(YYYYMMDD)*

35. COURSE ACCEPTANCE *(To be completed by school official)*

[ ] a. Accepted
[ ] b. Not Accepted
c. School Official Signature
d. Date *(YYYYMMDD)*

36. COURSE COMPLETION *(To be completed by school official)*

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
d. Signature & Title		e. Date *(YYYYMMDD)*

37. BILLING INSTRUCTIONS *(Identify discount terms % days.)*

Furnish original invoice and 3 copies to:

38. CERTIFYING GOVERNMENT OFFICIAL

a. I certify that this account is correct and proper for payment in the amount of: $

b. Signature & Title	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.

RESET

EMAIL TO:

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.

SECTION E - TRAINEE AGREEMENT/CERTIFICATION

38. AGREEMENT TO CONTINUE IN SERVICE

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)

b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is $900 and I complete two-thirds of the obligated service, I will reimburse the DoD $300 instead of the original $900.)

c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.

d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

f. Period of obligated service:	(1) From *(Enter date (YYYYMMDD))*	(2) To *(Enter date (YYYYMMDD))*

39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. TRAINEE SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

RESET

EMAIL TO:

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5)

Copy No. 3 - VENDOR TRAINING REQUEST OR NOMINATION FORM

Copy No. 4 - This document, when completed, represents the nominating agency's obligation to pay all approved training costs. Amounts are estimated in Section C. Please send all bills to the office indicated in item 37 and refer to number in item B (Standard Document Number) upper right hand corner of form.

Copy No. 5 - Return this copy to the nominating agency indicated in item 44 after completion of items 40 - 42.

Please contact the Agency Training Officer indicated in item 33 for any additional information.

BILLING INSTRUCTIONS

Place standard document number (Item B top of form) and appropriation/fund chargeable number (Item 27) on all four copies of invoice: identify discount terms, % and number of days on invoice: mail invoice to address listed in block 37.

FOLD

FOLD

FOLD

FOLD

SECTION F - TRAINING VENDOR

40. NOMINATION STATUS *(X one)*		**41. FIRST TRAINING SESSION**	
☐	a. Selected as nominated	a. Date *(YYYYMMDD)*	b. Time
☐	b. Not selected *(See remarks)*		
☐	c. Selected for alternative dates *(See remarks)*		

43. MAILING ADDRESS OF TRAINEE *(Fold where indicated and insert in window envelope.)*

42. REMARKS

RESET

EMAIL TO:

FOLD

47. OPTIONAL ALTERNATE PAYMENT PROCEDURES *(Fill in appropriate items)*

a. **ADVANCE METHOD**

(1) Check in the amount of $ _____ payable to the training facility/vendor and covering Section C, Item 25 *(insert (a), (b), or (c), as appropriate)* _____ will be delivered to you for delivery to the training facility/vendor. **OR**

(2) Check in the amount of $ _____ covering Section C, Item 25 *(insert (a), (b), or (c), as appropriate)* _____ will be issued to you. You will obtain a receipt for each expenditure of these funds. The receipt for the check to the training facility/vendor will show the check number. Other receipts will show the item purchased, the amount paid and the vendor's name and address. As soon as feasible after all purchases have been made, you will prepare and forward to *(enter name and address)*

_____

the signed original and two copies of enclosed Standard Form 1164, together with all receipts and a check or money order payable to *(enter name and address)* _____

for the unexpended balance of these DoD funds, if any.

b. **REIMBURSEMENT METHOD**

Payment to you for Section C, item 25 *(insert (a), (b), or (c), as appropriate)* _____ will be made upon presentation of evidence of satisfactory completion of the training assignment and receipt for items related to training paid by you.

c. Action *(X one)*		d. Authorizing Official	
☐	(1) Approved	(1) Typed Name *(Last, First, Middle Initial)*	(4) Telephone Numbers (a) Commercial ( )
		(2) Signature	(b) DSN
☐	(2) Disapproved	(3) Title	(5) Date Signed *(YYYYMMDD)*

FOLD

SECTION F - TRAINING VENDOR

40. NOMINATION STATUS *(X one)*		**41. FIRST TRAINING SESSION**	
☐	a. Selected as nominated	a. Date *(YYYYMMDD)*	b. Time
☐	b. Not selected *(See remarks)*		
☐	c. Selected for alternative dates *(See remarks)*		

42. REMARKS

43. MAILING ADDRESS OF TRAINEE *(Fold where indicated and insert in window envelope.)*

RESET

EMAIL TO:

SECTION G - FINANCE

45. PAYMENT AUTHORIZED FOR TRAINING

a. Signature	b. Amount to be Paid	c. Date *(YYYYMMDD)*
	$	

46. RECORD OF PAYMENT

a. Signature	b. Amount Paid	c. Date *(YYYYMMDD)*
	$	

d. Remarks

47. OPTIONAL ALTERNATE PAYMENT PROCEDURES *(Fill in appropriate items)*

a. **ADVANCE METHOD**

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		(2) Signature	(a) Commercial ( )
☐	(2) Disapproved		(b) DSN
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SECTION G - FINANCE

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a. Signature	b. Amount to be Paid	c. Date *(YYYYMMDD)*
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c. Action *(X one)*		d. Authorizing official	
☐	(1) Approved	(1) Typed Name *(Last, First, Middle Initial)*	(4) Telephone numbers
		(2) Signature	(a) Commercial ( )
☐	(2) Disapproved		(b) DSN
		(3) Title	(5) Date signed *(YYYYMMDD)*

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d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

f. Period of obligated service:	(1) From *(Enter date (YYYYMMDD))*	(2) To *(Enter date (YYYYMMDD))*

39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. TRAINEE SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

RESET

EMAIL TO:

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

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. a. Years	b. Months
			00		

6. HOME ADDRESS *(Street, City, State and ZIP Code) (optional)*	7. TELEPHONE NUMBERS *(Include area code)*	8. POSITION TITLE
	a. Home	
	b. Office	

11. ORGANIZATION NAME	(1) Commercial	9. POSITION LEVEL *(X one)*	10. PAY PLAN/SERIES/GRADE/STEP *(Rank/MOS/AFSC/or Navy Designator)*
	(2) DSN	☐ a. Executive	
		☐ b. Manager	
12. ORGANIZATION MAILING ADDRESS *(Include ZIP Code)*	13. ORGANIZATION UIC	☐ c. Supervisory	14. TYPE OF APPOINTMENT: CC
	16. ARE YOU HANDICAPPED OR DISABLED? *(X one)* ☐ Yes ☐ No	☐ d. Non-Supervisory	15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS
		☐ 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 Code)*
	c. Location of Training Site *(If other than 19b)*

20. COURSE CODES					
a. Purpose	1	f. Security Clearance	U	k. Training Program	NA
b. Type	1	g. Allocation Status	1	l. Reason for Selection	7
c. Source	A	h. Priority	1		
d. Special Interest	0	i. Training Level	1		
e. Training Vendor	NA	j. Method of Training	1		

23. TRAINING PERIOD *(YYYYMMDD)*	
a. Start	
b. Complete	

21. COURSE HOURS *(4 digits)*		22. COURSE IDENTIFIERS	
a. Duty		a. SAID	
b. Non-duty		b. Catalog / Course No.	
c. TOTAL		c. Offering / TLN	

SECTION H - EVALUATION

PART I *(To be completed by trainee)*

48. WAS COURSE COMPLETED? *(X one)*	49. ACTUAL COURSE DATES		50. ACTUAL COURSE HOURS		51. ACADEMIC GRADE/SCORE
☐ a. Yes	a. Commenced *(YYYYMMDD)*	b. Completed *(YYYYMMDD)*	a. Duty	b. Non-duty	
☐ b. No *(Return this form with a memo explaining circumstances)*					

52. WERE ALL SESSIONS ATTENDED? *(X one)*

☐ a. Yes

☐ b. No *(Explain)*

AREAS OF EVALUATION *X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.*				RATING A	B	C
53. STATED OBJECTIVE ACCOMPLISHED	A = Yes	B = Partially	C = No			
54. COVERAGE OF SUBJECT MATTER	A = Excellent	B = Sufficient	C = Poor			
55. ORGANIZATION OF SUBJECT MATTER	A = Well organized	B = Adequate	C = Poorly organized			
56. SUITABILITY OF INSTRUCTIONAL MATERIALS	A = Excellent	B = Adequate	C = Poor			
57. LEVEL OF DIFFICULTY	A = Too advanced	B = Appropriate	C = Too elementary			
58. LENGTH OF COURSE	A = Too long	B = Appropriate	C = Too short			
59. AMOUNT OF OUTSIDE OR EVENING WORK	A = Too much	B = Appropriate	C = Insufficient			
60. EFFECTIVENESS OF INSTRUCTORS	A = Excellent	B = Good	C = Poor			
61. APPLICABILITY OF SUBJECT MATTER TO JOB	A = Significant	B = Adequate	C = Insignificant			
62. FACILITIES	A = Excellent	B = Good	C = Poor			
63. RECOMMENDATION TO COLLEAGUES	A = Highly recommend	B = Recommend	C = Not recommended			
64. MEET CAREER DEVELOPMENT PLANS	A = Yes	B = No	C = Not applicable			

RESET

EMAIL TO:

SECTION H - EVALUATION *(Continued)*

PART II *(To be completed by trainee)*

65. COMMENTS ON STRONG POINTS OF COURSE

66. COMMENTS ON WEAK POINTS OF COURSE

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

68. DO YOU RECOMMEND THIS PROGRAM FOR OTHERS? IF SO, WHOM?

69. ADDITIONAL COMMENTS

70.a. SIGNATURE OF TRAINEE	b. Date signed *(YYYYMMDD)*

PART III *(To be completed by trainee's immediate supervisor)*

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

72. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

73. ADDITIONAL COMMENTS

74.a. SIGNATURE OF SUPERVISOR	b. Date Signed *(YYYYMMDD)*	**PERSONNEL USE ONLY**

RESET

EMAIL TO: