

Skip 'B'

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number

HR System Feed

B. Request Status (Mark (X) one)

Resubmission Initial
 Correction Cancellation

Section A - TRAINEE INFORMATION

Please read instructions on page 5 before completing this form.

| | | | | | | |
|--|---|---|-------------|---|---------------------------------------|--|
| 1. Applicant's Name (Last, First, Middle Initial) | | 2. Social Security Number/EHRI Employee Number | | 3. Date of Birth (yyyy-mm-dd) | | |
| 4. Home Address (Number, Street, City, State, ZIP Code) | | 5. Home Telephone (Include Area Code) | | 6. Position Level (Mark (X) one only) | | |
| | | | | <input type="checkbox"/> a. Non-supervisory | <input type="checkbox"/> c. Manager | |
| 7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) | | 8. Office Telephone (Include Area Code and Extension) | | 9. Work Email Address | | |
| | | | | <input type="checkbox"/> b. Supervisory | <input type="checkbox"/> d. Executive | |
| 10. Position Title | | 11. Does applicant need special accommodation? If yes, please describe below. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 12. Type of Appointment | 13. Education Level (Click link to view codes or go to page 7) | 14. Pay Plan | 15. Series | 16. Grade | 17. Step | |
| | | YA -to- YP | '00' | Bands: 1 to 4 | '00' | |

For NSPS

Section B - TRAINING COURSE DATA

| | | | |
|--|------------------------|---|---|
| 1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) | | 1b. Location of Training Site (If same, mark box) -----▶ <input type="checkbox"/> | |
| 1c. Vendor Telephone Number | | 1d. Vendor Email Address | |
| 2a. Course Title | 2b. Course Number Code | 3. Training Start Date (Enter Date as yyyy-mm-dd) | 4. Training End Date (Enter Date as yyyy-mm-dd) |

Section B - TRAINING COURSE DATA

| | | | |
|---|---|---|---|
| 1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) | | 1b. Location of Training Site (If same, mark box) -----> <input style="width: 50px; height: 20px;" type="checkbox"/> | |
| 1c. Vendor Telephone Number | | 1d. Vendor Email Address | |
| 2a. Course Title | 2b. Course Number Code DCPDS 188 Codes -OK | 3. Training Start Date (Enter Date as yyyy-mm-dd) | 4. Training End Date (Enter Date as yyyy-mm-dd) |
| 5. Training Duty Hours | 6. Training Non-Duty Hours | 7. Training Purpose Type <small>(Click link to view codes or go to page 9)</small> | 8. Training Type Code <small>(Click link to view codes or go to page 9)</small> Mandatory for EHRI |
| 9. Training Sub Type Code <small>(Click link to view codes or go to page 9)</small> Mandatory for EHRI | 10. Training Delivery Type Code <small>(Click link to view codes or go to page 12)</small> | 11. Training Designation Type Code <small>(Click link to view codes or go to page 13)</small> Undergrad- Grad - Post Grad - CEU | 12. Training Credit Hrs: 00 - 99 |
| 13. Training Credit Type Code <small>(Click link to view codes or go to page 13)</small> Semester- Qtr - CEU | | 14. Training Accreditation Indicator <small>(Check below)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. Continued Service Agreement Required Indicator <small>(Check below)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Training Source Type Code <small>(Click link to view codes or go to page 13)</small> | | 17. Training Source Type Code <small>(Click link to view codes or go to page 13)</small> | 18. Training Objective |
| 19. AGENCY USE ONLY <input style="width: 100%; height: 20px;" type="text"/> | | <div style="background-color: yellow; padding: 10px; border: 1px solid black;"> <p style="margin: 0;">> DoD Priority Codes. Type as:</p> <p style="margin: 0;">“ Priority Code: <n>” (1 / 2 / 3)</p> <p style="margin: 0;">> ‘SAID’ Codes</p> </div> | |

Section C - COSTS AND BILLING INFORMATION

| 1. Direct Costs and Appropriation / Fund Chargeable | | | 2. Indirect Costs and Appropriation / Fund Chargeable | | |
|---|---|----------------------|--|---|----------------------|
| Item | Amount | Appropriation / Fund | Item | Amount | Appropriation / Fund |
| a. Tuition and Fees | \$ | | a. Travel | \$ | |
| b. Books & Material Costs | | | b. Per diem | | |
| c. TOTAL ▶ | \$ [REDACTED] | | c. TOTAL ▶ | \$ [REDACTED] | |
| 3. Total Training Non-Government Contribution Cost | | | 6. BILLING INSTRUCTIONS (<i>Furnish invoice to:</i>) | | |
| 4. Document / Purchasing Order / Requisition Number | | | > GOVCC info, fund cites, Line of Accounting / any supporting text > Job Order Number (JON) | | |
| 5. 8 - Digit Station Symbol (<i>Example - 12-34-5678</i>) | | | | | |
| Skip ! | | | | | |

Section D - APPROVALS

| | |
|--|-------------------|
| 1a. Immediate Supervisor - <i>Name and title</i> | |
| 1b. Area Code / Telephone Number | 1c. Email Address |
| 1d. Signature [REDACTED] | 1e. Date |

Use of Auto-Calc (Sec. C) and all e-Signature blocks requires Adobe Acrobat - version 8.0, at the minimum !!

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*

Financial / Fiscal Budget Office / Officer approval and signature

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

Approved Disapproved

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing official - *Name and title*

e.g., Immediate Supervisor - or- Senior Management Official -or- HR / HRD Office

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

TRAINING FACILITY ► Bills should be sent to office indicated in item C6. ● Please refer to number given in item C4 to assure prompt payment.