

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number	B. Request Status <i>(Mark (X) one)</i> <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation
---	--	--

Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name <i>(Last, First, Middle Initial)</i>		2. Social Security Number/Federal Employee Number 000-00-		3. Date of Birth <i>(yyyy-mm-dd)</i>	
4. Home Address <i>(Number, Street, City, State, ZIP Code)</i> (Optional)		5. Home Telephone (Optional) <i>(Include Area Code)</i>		6. Position Level <i>(Mark (X) one)</i>	
				<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> b. Manager
				<input type="checkbox"/> c. Supervisory	<input type="checkbox"/> d. Executive
7. Organization Mailing Address <i>(Branch-Division/Office/Bureau/Agency)</i>		8. Office Telephone <i>(Include Area Code and Extension)</i>		9. Work Email Address	
10. Position Title		11. Does applicant need special accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level <i>(click link to view codes or go to page 7)</i>	14. Pay Plan	15. Series	16. Grade	17. Step

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor <i>(No., Street, City, State, ZIP Code)</i>		1b. Location of Training Site <i>(if same, mark box)</i> <input type="checkbox"/>			
		1c. Vendor Telephone Number		1d. Vendor Email Address	
2a. Course Title	2b. Course Number Code	3. Training Start Date <i>(Enter Date as yyyy-mm-dd)</i>		4. Training End Date <i>(Enter Date as yyyy-mm-dd)</i>	
5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type <i>(Click link to view codes or go to page 9)</i>		8. Training Type Code <i>(Click link to view codes or go to page 9)</i>	
9. Training Sub Type Code <i>(Click link to view codes or go to page 9)</i>	10. Training Delivery Type Code <i>(Click link to view codes or go to page 12)</i>	11. Training Designation Type Code <i>(Click link to view codes or go to page 13)</i>	12. Training Credit	13. Training Credit Type Code <i>(Click link to view codes or go to page 13)</i>	
14. Training Accreditation Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	
		17. Training Source Type Code <i>(Click link to view codes or go to page 13)</i>			

18. Training Objective I acknowledge that I will send an e-mail or my certificate of completion to ARH once my training/conference is complete.	19. AGENCY USE ONLY SAID Code: PRIORITY Code:
--	---

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	\$		c. TOTAL	\$	
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>		
4. Document / Purchasing Order / Requisition Number					
5. 8 - Digit Station Symbol <i>(Example - 12-34-5678)</i>					

Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

2a. Second-line Supervisor - *Name and title*

2b. Area Code / Telephone Number

2c. Email Address

2d. Signature

2e. Date

3a Training Officer - *Name and title*

3b. Area Code / Telephone Number

3c. Email Address

3d. Signature

3e. Date

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

Approved Disapproved

1e. Date

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

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.

Privacy Act Statement

Authority – This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

Purposes and Uses – The primary purpose of the information collected is for use in the administration of the Federal Training Program (FTP) to document the nomination of trainees and completion of training. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the Governmentwide electronic system, (the Enterprise Human Resource Integration system (EHRI) and is subject to all of the published routine uses of that system of records.

Effects and Nondisclosure – Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b) – Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the Executive Order 9397, dated November 22, 1943. Your SSN will be used primarily to give you recognition for completing the training and to accumulate Governmentwide training statistical data and information. SSNs also will be used for the selection of persons to be included in statistical studies of training management matters. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.

Note: This agreement must be signed by the nominee for Government training that exceeds 80 hours (or such other designated period, less than 80 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below 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.

Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

Employees Agreement to Continue in Service

To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (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).

NOTE: For the purposes of this agreement the term “agency” refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR).
<http://www.opm.gov/feddata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.

4. I understand that any amount of money which may be due to the 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.

5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.

6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: _____

Employee's Signature: _____

Date: _____