# AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number: PURCHASE CARD

B. Request Status *(Mark (X) one)*: ☐ Resubmission ☐ Initial ☐ Correction ☐ Cancellation

## Section A - TRAINEE INFORMATION

Please read instructions on page 6 before completing this form

| | | |
|---|---|---|
| 1. Applicant's Name (*Last, First, Middle Initial*) | 2.Social Security Number/Federal Employee Number<br>999-99-9999 | 3. Date of Birth (*yyyy-mm-dd*) |
| 4. Home Address (*Number, Street, City, State, ZIP Code*) (Optional) | 5. Home Telephone (Optional) (*Include Area Code*) | 6. Position Level *(Mark (X) one)*<br>☐ a. Non-supervisory ☐ b. Manager<br>☐ c. Supervisory ☐ d. Executive |
| **7.** Organization Mailing Address (*Branch-Division/Office/Bureau/Agency)*) | 8. OfficeTelephone (*Include Area Code and Extension*) | 9. Work Email Address |
| **10.** Position Title | 11. Does applicant need special accomodation? ☐ Yes ☐ No | If yes, please describe below |

| 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 |
|---|---|---|---|---|---|
| | | | | | |

## 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)* ☐ | |
| | 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)* |
|---|---|---|---|
| | | | |

| 5. Training Duty Hours | 6. Training Non-Duty Hours | 7. Training Purpose Type *(Click link to view codes or go to page 9)* | 8. Training Type Code *(Click link to view codes or go to page 9)* |
|---|---|---|---|
| | | | |

| 9. Training Sub Type Code *(Click link to view codes or go to page 9)* | 10. Training Delivery Type Code *(Click link to view codes or go to page 12)* | 11. Training Designation Type Code *(Click link to view codes or go to page 13)* | 12. Training Credit | 13. Training Credit Type Code *(Click link to view codes or go to page 13)* |
|---|---|---|---|---|
| | | | | |

| 14. Training Accreditation Indicator *(Check below)* | 15. Continued Service Agreement Required Indicator *(Check below)* | 16. Continued Service Agreement Expiration Date (*Enter date as yyyy-mm-dd)* | 17. Training Source Type Code *(Click link to view codes or go to page 13)* |
|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No ☐ N/A | | |

| 18. Training Objective | 19. AGENCY USE ONLY |
|---|---|
| | |

## Section C - COSTS AND BILLING INFORMATION

**1.** Direct Costs and Appropriation / Fund Chargeable

| Item | Amount | Appropriation Fund |
|---|---|---|
| a. Tuition and Fees | $ | |
| b. Books & Material Costs | $ | |
| c. TOTAL | $ | |

**2.** Indirect Costs and Appropriation / Fund Chargeable

| Item | Amount | Appropriation Fund |
|---|---|---|
| a. Travel | $ | |
| b. Per Diem | $ | |
| c. TOTAL | $ | |

**3.** Total Training Non-Government Contribution Cost

**4.** Document / Purchasing Order / Requisition Number

**5.** 8 - Digit Station Symbol *(Example - 12-34-5678)*

6. BILLING INSTRUCTIONS *(Furnish invoice to):*

## 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. ı Please refer to number given in item C4 to assure prompt payment.

Print Form | Save Form | Clear Form

# 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: _____

# Agency Training Electronic Reporting Instructions

## General Instructions:

1. You must complete all questions in sections A-E on the training application. In addition, your financial institution must complete Section F Certification of Training Completion and Evaluation section.

2. Electronic Requirements - An agency should only submit data for completed training that is defined as a training event for which the student has accomplished all components in the title of the event.

3. Collection of training data requires completed training events and that all mandatory data elements have been recorded. Training may vary from agency to agency. This form provides conformity and standardization for the required core data.

4. Codes for underlined elements will link you to the chart. Identify the correct code, then return to the form (links will not automatically return you to the form).

## Section A - Trainee Information

1. ***Applicant's Name*** - Last Name, First Name, Middle Initial**.**

2. ***Social Security Number*** - Use employee's nine (9) digit *SSN. (123-45-6789)*

   **OR**

   ***Federal Employee Number*** -The unique number that Enterprise Human Resources Integration (EHRI) will assign to an employee to identify employee records within the EHRI system. (Agency)

3. ***Date of Birth (format yyyy-mm-dd)*** - Employee's date of birth (e.g. if employee's birth date is *March 25, 1951*, it would appear as (*1951-03-25).*

4. ***Home Address*** - Employee's home address, include the street number, city, state, and zip code.

5. ***Home Telephone Number*** - Employee's area code, home telephone number.

6. ***Position Level*** - Select whether the employee's position level is one of the following:

   **6a.** ***Non supervisory*** - Anyone who does not have supervisory/team leader responsibilities.

   **6b.** ***Supervisory*** - First line supervisors who do not supervise other supervisors; typically those who are responsible for an employee's performance appraisal or approval of their leave.

   **6c.** ***Manager*** - Those in management positions who typically supervise one or more supervisors.

   **6d.** ***Executive*** - Members of the Senior Executive Service (SES) or equivalent.

7. ***Organization Mailing Address*** - This is the internal agency address of the employee Branch-Division/Office/Bureau/Agency, include the street name, city, state and zip code.

8. ***Office Telephone Number*** - Insert the employee's area code, office telephone number and extension.

9. ***Work E-mail Address*** - Agency *e*-mail address.

10. ***Position Title*** - Employee's current position within the agency.

## Section A - Trainee Information *(Continued)*

11. ***Does Applicant Need Special Accommodations?*** - Indicate "Yes" or "No". If the applicant is in need of special arrangements (brailing, taping, interpreters, facility accessibility, etc), describe the requirements in the space provided or on a separate sheet.

12. ***Type of Appointment*** - The employee type of appointment (e.g., Career Conditional (CC), Career (C), Temporary (Temp.), Schedule A, etc.).

13. ***Education Level*** -Use the employee educational level codes listed below.

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| 1 | No formal education or some elementary school--did not complete | Elementary school means grades 1 through 8, or equivalent, not completed. |
| 2 | Elementary school completed--no high school | Grade 8 or equivalent completed. |
| 3 | Some high school--did not graduate | High school means grades 9 through 12, or equivalent. |
| 4 | High school graduate or certificate of equivalency | |
| 5 | Terminal occupational program--did not complete | Program extending beyond grade 12, usually no more than three years; designed to prepare students for immediate employment in an occupation or cluster of occupations; not designed as the equivalent of the first two or three years of a baccularate degree program. Includes cooperative training or apprenticeship consisting of formal classroom instruction coupled with on-the-job training. |
| 6 | Terminal occupational program--certificate of completion, diploma or equivalent | See code 5 above for definition of terminal occupational program. Two levels are recognized: (1) The technical and/or semi-professional level preparing technicians or semiprofessional personnel in engineering and nonengineering fields; and (2) the craftsman/clerical level training artisans, skilled operators, and clerical workers. |
| 7 | Some college--less than one year | Less than 30 semester hours completed. |
| 8 | One year college | 0-59 semester hours or 45-89 quarter hours completed. |
| 9 | Two years college | 60-89 semester hours or 90-134 quarter hours completed. |
| 10 | Associate Degree | 2-year college degree program completed. |
| 11 | Three years college | 90-119 semester hours or 135-179 quarter hours completed. |
| 12 | Four years college | 120 or more semester hours or 180 or more quarter hours completed--no baccularate (Bachelor's) degree. |
| 13 | Bachelor's Degree | Requires completion of at least four, but no more than five, years of academic work; includes Bachelor's degree conferred in a cooperative business, industry, or Government to allow student to combine actual work experience with college studies. |

## Section A - Trainee Information *(Continued)*

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| **14** | Post-Bachelor's | Some academic work beyond (at a higher level than) the Bachelor's degree but no additional higher degree. |
| **15** | First professional | Signifies the completion of academic requirements for selected professions that are based on programs requiring at least two academic years of previous college work for entrance and a total of at least six academic years of college work for completion, e.g., Dentistry (D.D.S. or D.M.D.), Law (LL. B. or J.D.), Medicine (M.D.), Theology (B.D.), Veterinary Medicine (D.V.M.), Chiropody or Podiatry (D.S.C. or D.P.), Optometry (O.D.), and Osteopathy (D.O.). |
| **16** | Post-first professional | Some academic work beyond (at a higher level than) the first professional degree but no additional higher degree. |
| **17** | Master's degree | For liberal arts and sciences customarily granted upon successful completion of one (sometimes two) academic years beyond the Bachelor's degree. In professional fields, an advanced degree beyond the first professional but below the Ph.D., e.g., the LL.M.; M.S. in surgery following the M.D.; M.S.D., Master of Science in Dentistry; M.S.W., Master of Social Work, and MA, Master of Arts. |
| **18** | Post-Master's | Some academic work beyond (at a higher level than) the Master's degree but no additional higher degree. |
| **19** | Sixth-year degree | Includes such degrees as Advanced Certificate in Education, Advanced Master of Education, Advanced Graduate Certificate, Advanced Specialist in Education Certificate, Certificate of Advanced Graduate Study, Certificate of Advanced Study, Advanced Degree in Education, Specialist in Education, Licentiate in Philosophy, Specialist in Guidance and Counseling, Specialist in Art, Specialist in Science, Specialist in School Administration, Specialist in School Psychology, and Licentiate in Sacred Theology. |
| **20** | Post-sixth year | Some academic work beyond (at a higher level than) the sixth-year degree but no additional higher degree. |
| **21** | Doctorate degree | Includes such degrees as Doctor of Education, Doctor of Juridical Science, Doctor of Public Health, and the Ph.D. (or equivalent) in any field. Does not include a Doctor's degree that is a first professional degree, per code 15. |
| **22** | Post-Doctorate | Work beyond the Doctorate. |

**14.** ***Pay Plan*** - The employee's pay plan. (e.g., GS, WG, ES…**Pay Band**)

**15.** ***Series*** - The position classification four digit series. (e.g., 0201)

**16.** ***Grade*** - The employee's grade level. (1-15)

**17.** ***Step*** - The employee must insert the appropriate step. (1-10)

## Section B - Training Course Data

**1a.** ***Name and Mailing Address of Training Vendor*** - Street number, city, state, and ZIP code of the appropriate vendor. (Agency specific)

**1b.** ***Location of the Training Site*** - Provide mailing address of the training site if different from 1a. (Agency specific)

**1c.** ***Vendor Telephone Number*** - Self explanatory. (Agency specific)

**1d.** ***Vendor E-mail Address*** - Self explanatory. (Agency specific)

**2a.** ***Course Title*** - Insert the title of the course or the program that the employee is scheduled to complete.

**2b.** ***Course Number Code*** - Insert the Course Number Code.

**3.** ***Training Start Date*** - Insert the start date of the training completed by the employee. *(yyyy-mm-dd)*

**4.** ***Training End Date*** - Insert the end date of the training completed by the employee. *(yyyy-mm-dd)*

**5.** ***Training Duty Hours*** - Insert the number of duty hours for training.

**6.** ***Training Non Duty Hours*** -Insert the number of non-duty hours for training.

**7.** ***Training Purpose Type*** - Insert the purpose for taking this course or program using the appropriate training purpose type code.

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| **01** | Program/Mission | Training to provide the knowledge, skills and abilities needed as a result of agency mission, policies, or procedures. |
| **02** | New Work Assignment | Training to acquire the knowledge, skills and abilities needed as a result of assignment to new duties and responsibilities when such training is not part of a planned, career development program (e.g., training provided to a staffing specialist who has been newly assigned to a position involving classification duties). |
| **03** | Improve/Maintain Present Performance | Training to provide the knowledge, skills and abilities needed to improve or maintain proficiency in present job. |
| **04** | Future Staffing Needs | Training to provide the knowledge, skills, and abilities needed to meet future staffing needs (e.g.,. to implement succession planning). |
| **05** | Develop Unavailable Skills | Training to acquire the knowledge, skills and abilities needed for fields of work for which the labor market cannot produce a sufficient number of trained candidates (e.g., air traffic controllers or Information Technology (IT) professionals). |
| **06** | Retention | Training/education used to address staffing issue of retaining an employee (e.g., academic degree training). |

**8.** ***Training Type Code*** - There are three (3) different Training Type Codes. The employee must select one from the Training Type Codes. *(Select from the chart on pages 10-12 .)*

**9.** ***Training Sub-Type Code*** - There are *Sub-Type Categories* for each of the three (3) different Training Type Codes. Select one (1) Sub-Type Category code that applies to the training type code you selected. *(Select from the chart on pages 10-12.)*

## Section B - Training Course Data *(Continued)*

| Training Type Code | Training Sub Type Code |
|---|---|
| | 01 - Legal<br>Education or training in the concepts, principles, and theories, or techniques of law. |
| | 02 - Medical and Health<br>Education or training in the concepts, principles, and theories, or techniques of medicine. |
| | 03 - Scientific<br>Education or training in the concepts, principles, and theories, or techniques of disciplines such as the physical, biological, natural, and social sciences; education; economics; mathematics; or statistics. |
| | 04 - Engineering or Architecture<br>Education or training in the concepts, principles, and theories, or techniques of disciplines such as architecture and engineering. |
| | 05 - Human Resources<br>Education or training in the concepts, principles, and theories of such fields as: public administration, personnel training, equal employment opportunity, human resources policy analysis, succession planning, performance management, classification, and staffing. |
| | 06 - Budget/Finance Business Administration<br>Education or training in the concepts, principles, and theories of business administration, accounts payable and receivable, auditing and internal control, and cash management. |
| | 07 - Planning and Analysis<br>Education or training in the concepts, principles, and theories of systems analysis; policy, program or management analysis; or planning, including strategic planning. |
| | 08 - Information Technology<br>Education and training in the concepts and application of data and the processing thereof; e.g., the automatic acquisition, storage, manipulation (including transformation), management, system analysis, movement, control, display, switching, interchange, transmission or reception of data, computer security and the development and use of the hardware, software, firmware, and procedures associated with this processing. This training type does not include any IT training on agency proprietary sytems. |
| | 09 - Project Management<br>Education and training in the concepts, principles, and theories necessary to develop, modify, or enhance a product, service, or system which is constrained by the relationships among scope, resources, and time. |
| | 10 - Acquisition<br>Education or training in the concepts, principles, and theories or techniques related to the 1102 occupation, e.g., procurement, contracting. |
| | 11 - Logistic Specialty<br>Training for professional skills of a specialized nature in the methods and techniques of such fields as supply, procurement, transportation, or air traffic control. |
| | 12 - Security<br>Training of a specialized nature in the methods and techniques of investigation, physical security, personal security, and police science. |

## Section B - Training Course Data *(Continued)*

| Training Type Code | Training Sub Type Code |
|---|---|
| 01 - Training Program Area *(continued)* | 13 - Clerical (Non-supervisory clerical/administrative)<br>Training in skills such as office management, typing, shorthand, computer operating, letter writing, telephone techniques; or word processing. |
| | 14 - Trade and Craft<br>Training in the knowledge, skills, and abilities needed in such fields as electronic equipment installation, maintenance, or repair; tool and die making; welding, and carpentry. |
| | 15 - Foreign Affairs<br>Training for professional skills of a specialized nature in the methods and techniques of such fields as foreign languages, foreign culture, diplomacy, or strategic studies. |
| | 16 - Leadership/Manager/Communications Courses<br>Training that addresses skill areas such as Leadership/Management and Communication (e.g., written, oral and interpersonal) coursework. |
| 02 - Developmental Training Area<br>Description: Formal developmental/training programs. | 20 - Presupervisory Program<br>Development/training program for non-supervisors. |
| | 21 - Supervisory Program<br>Development/training program which provides education or training in supervisory principles and techniques in such subjects as personnel policies and practices (including equal employment opportunity, merit promotion, and labor relations); human behavior and motivation; communication processes in supervision, work planning, scheduling, and review; and performance evaluation for first-line supervisors. |
| | 22 - Management Program<br>Development/training program which provides mid-management level education or training in the concepts, principles, and theories of such subject matters as public policy formulation and implementation, management principles and practices, quantitative approaches to management, or management planning organizing and controlling. (Supervisors of supervisors; GS-14/15 supervisors; GS-14/15 direct reports to SES). |
| | 23 - Leadership Development Program<br>Formal developmental program that provides leadership training and development opportunities. |
| | 24 - SES Candidate Development<br>OPM-approved program to prepare potential SES members. |
| | 25 - Executive Development<br>Continuing development for leaders above the GS-15 level. |
| | 26 - Mentoring Program<br>Formal stand-alone program with established goals and measured outcomes. Open to all who qualify; protégées and mentors paired to facilitate compatibility, training and support provided, and company benefits directly. |
| | 27 - Coaching Program<br>Formal stand-alone program which provides ongoing partnership with an employee and coach that helps employee produce desired results in professional life. |

## Section B - Training Course Data *(Continued)*

| Training Type Code | Training Sub Type Code |
|---|---|
| 03 - Basic Training Area<br><br>Description: Fundamental and/or required training programs. | 30 - Employee Orientation<br>Training of a general nature to provide an understanding of the organization and missions of the Federal Government, employing agency or activity, or a broad overview and understanding of matters of public policy. |
| | 31 - Adult Basic Education<br>Education or training to provide basic completeness in such subjects as remedial reading, grammar, arithmetic, lip reading or Braille. |
| | 32 - Federally Mandated Training<br>Mandatory training for all employees Govermentwide. This includes training mandated by federal statute or regulation; such as in the areas of computer security awareness (5 CFR 930.301-305), ethics (5 CFR 2638.703 and 704), or executives, managers, and supervisors (5 CFR Part 412). |
| | 33 - Work-life<br>Training to promote work-life (e.g., health and wellness training, employee retirement/benefits training, etc). |
| | 34 - Soft Skills<br>Training involving development of employees ability to relate to others ( e.g., customer service, dealing with difficult people, etc). |
| | 35 - Agency Required Training<br>Agency specific training required by the agency and provided to Federal employees in order to achieve the goals and objectives of the Agency as needed. For example: agency training based on Inspector General's Audit; agency training aimed at improving individual's needs based on Performance Improvement Plan (PIP); agency training based on signing agreement between Union and Management. |

**10.** ***Training Delivery Type Code*** --

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| **01** | Traditional Classroom (no technology) | Individual or multiple person led, face-to-face training. |
| **02** | On the Job | Formal methods/activities planned and structured to promote learning by doing; e.g., detail assignments/programs. |
| **03** | Technology Based | Methods mainly using technology, which may include tutorials embedded in software, CD ROM products, Web-based courses, and interactive media. |
| **04** | Conference/workshop | An organized learning event which has an announced educational or instructional purpose; more than half the time is scheduled for a planned, organized exchange of information between presenters and audience which meets the definition of training in 5 U.S.C. 4110; content of the conference/retreat is germane to improving individual and/or organizational performance; and developmental benefits will be derived through the employee's attendance. |
| **05** | Blended | Training that requires two or more methods of delivery that must be completed in order to satisfy the educational requirements. |
| **06** | Correspondence | Self-study course material: Training provided via the assignment of non-interactive methods such as a book, document, regulation, or manual. |

## Section B - Training Course Data *(Continued)*

**11.** ***Training Designation Type Code*** - Select and insert the appropriate training credit designation type code:

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| **01** | Undergraduate Credit | N/A |
| **02** | Graduate Credit | N/A |
| **03** | Continuing Education Unit | N/A |
| **04** | Post Graduate Credit | N/A |
| **05** | N/A | N/A |

**12.** ***Training Credit*** - Amount of academic credit hours or continued education units (1, 1.5, or .75) earned by the employee for the completed training. (This should be completed by the agency).

**13.** ***Training Credit Type Code*** - Select and insert the appropriate training credit designation type code:

| Code | Short Description |
|---|---|
| **01** | Semester Hours |
| **02** | Quarter Hours |
| **03** | Continuing Education Unit |

**14.** ***Training Accreditation Indicator*** - Insert a Yes (Y) or No (N).

**15.** ***Continued Service Agreement Required Indicator*** - Insert Yes (Y) or No (N) or non applicable (N/A) in appropriate space. (Agency response.)

**16.** ***Continued Service Agreement Expiration Date*** - *(Enter date as yyyy-mm-dd)*.

**17.** ***Training Source Type Code*** --

| Code | Short Description | Long Description (If Applicable) |
|---|---|---|
| **01** | Government Internal | Training provided by a Federal department, agency, or independent establishment for its own employees. |
| **02** | Government External | Training provided by an interagency training activity, or a Federal department, agency, or independent establishment other than the one which currently employs the trainee. |
| **03** | Non-government | Sources include commercial or industrial concern, educational institutions, professional societies or associations, or consultants or individuals who are not Government employees, (but are contracted to develop and/or provide training course or program.) |
| **04** | Government State/Local | Training provided by a state, county, or municipal Government. Education provided by State-operated or other public educational institutions is reported as non-Government. |
| **05** | Foreign Governments and Organizations | Training provided by non United States entities which may or may not be outside the United States. |

**18.** ***Training Objectives*** - It is important that the objectives for the employee(s) enrolling in this course or program is related to the strategic objectives of the organization for which the employee works. Provide text to explain how the training event meets agency objective(s) and purpose type.

**19.** ***Agency Use Only*** -For use by an agency as needed.

## Section C - Costs and Billing Information

1. ***Direct costs and appropriation/fund chargeable***

   a. ***Training Tuition and Fees Cost*** - Insert the actual/final cost of training tuition and fees for training completed by the employee that was paid for by the Federal Government.

   b. ***Books and Materials Costs*** - Insert the materials cost for training completed by the employee that was paid for by the Federal Government. (*Refer to the* Guide for Human Resources Reporting Guide at http://www.opm.gov/feddata/guidance.asp *for more information).*

   c. ***Total Cost*** - Insert the actual/final cost.

2. ***Indirect costs and appropriation/fund chargeable***

   a. ***Training Travel Cost*** - Insert the actual/final travel cost excluding per diem for training completed by the employee that was paid for by the Federal Government.

   b. ***Training Per Diem Cost*** - Insert the actual/final per diem cost (e.g., meals, lodging, miscellaneous expenses) for training completed by the employee that was paid for by the Federal Government.

   c. ***Total Cost*** - Insert the actual/final cost.

3. ***Total Training Non-Government Contribution Cost*** - Insert the cost contributed by the employee or other non-Government organizations for the training completed by the employee.

4. ***Document/Purchase Order/Requisition Number*** - Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced in the billing process.

5. ***8-Digit Station Symbol*** - Fill in 8-digit station symbol of the nominating Agency Finance Office.

6. ***Billing Instructions*** - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

## Section D - Approvals

**1-3e.** ***Approvals*** - To be completed by the employee's immediate and/or second-line supervisor(s) before submission of application to nomination Agency Training Office.

## Section E - Approvals/Concurrence

**1-1e.** ***Approval/Concurrence*** - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

## Section F - Certification of Training Completion and Evaluation

**NOTE:** Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.601. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.