

<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>			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	
<b>Section A - TRAINEE INFORMATION</b> 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		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 accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below		
12. Type of Appointment	13. <a href="#">Education Level</a> <i>(click link to view codes or go to page 7)</i>		14. Pay Plan	15. Series	16. Grade	17. Step
<b>Section B - TRAINING COURSE DATA</b>						
1a. Name and Mailing Address of Training Vendor <i>(No., Street, City, State, ZIP Code)</i>  GOVLOOP 1152 15TH ST, NW SUITE 800 WASHINGTON, DC 20005			1b. Location of Training Site <i>(if same, mark box)</i> <input type="checkbox"/> RENAISSANCE DC DOWNTOWN HOTEL			
			1c. Vendor Telephone Number 202-407-7408		1d. Vendor Email Address NEXTGEN@GOVLOOP.COM	
2a. Course Title Next Generation of Government Training Summit 2017	2b. Course Number Code	3. Training Start Date <i>(Enter Date as yyyy-mm-dd)</i>  2015-07-20		4. Training End Date <i>(Enter Date as yyyy-mm-dd)</i>  2015-07-21		
5. Training Duty Hours  16	6. Training Non-Duty Hours  0	7. <a href="#">Training Purpose Type</a> <i>(Click link to view codes or go to page 9)</i>  03		8. <a href="#">Training Type Code</a> <i>(Click link to view codes or go to page 9)</i>  02		
9. <a href="#">Training Sub Type Code</a> <i>(Click link to view codes or go to page 9)</i>  24	10. <a href="#">Training Delivery Type Code</a> <i>(Click link to view codes or go to page 12)</i>  04	11. <a href="#">Training Designation Type Code</a> <i>(Click link to view codes or go to page 13)</i>  03	12. Training Credit  12	13. <a href="#">Training Credit Type Code</a> <i>(Click link to view codes or go to page 13)</i>  03		
14. Training Accreditation Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Continued Service Agreement Required Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>		17. <a href="#">Training Source Type Code</a> <i>(Click link to view codes or go to page 13)</i>  03		
18. Training Objective			19. AGENCY USE ONLY			
<b>Section C - COSTS AND BILLING INFORMATION</b>						
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.