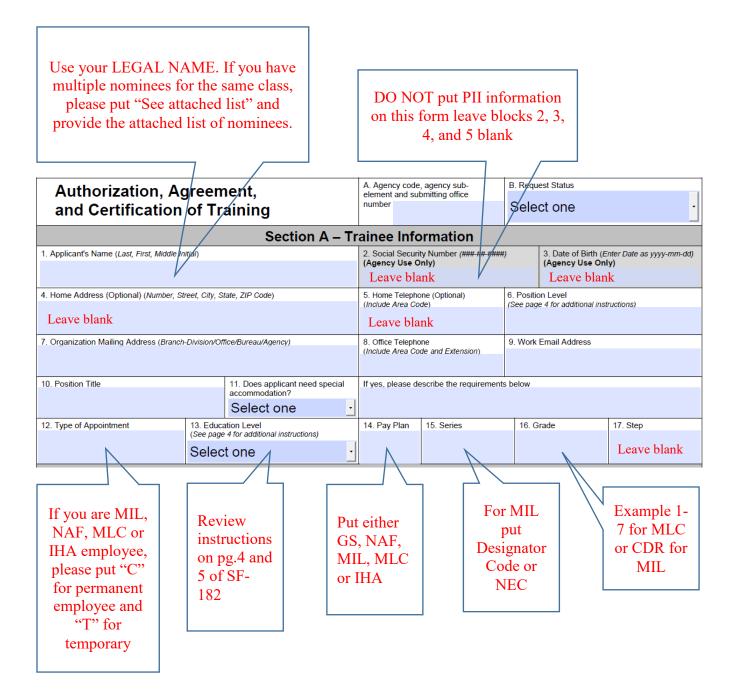
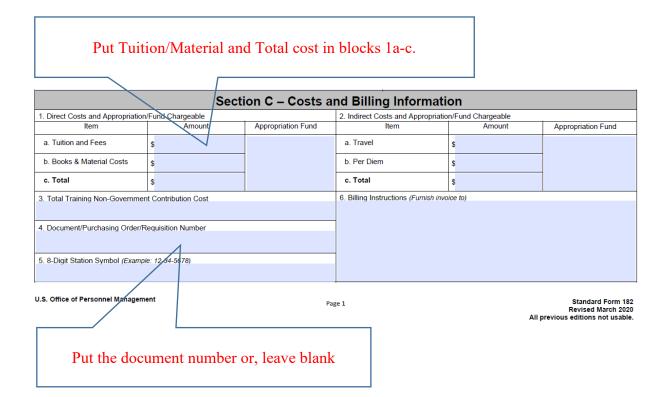
SECTION A: Please enter nominee's information in blocks 1,6,7,8,9,10,11,12,13,14,15, and16



SECTION B: WD will fill out a majority of this section please complete blocks 7, 20, and 21

Section B – Training Course Data							
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) 1.b Location of Training Site (if different form 1a)							
1c. Vendor Telephone Number	1d. Vendor Email Address	1e. Vendor website	1e. Vendor website		1f. Vendor Point-of-Contact (POC)		
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 (See page 6 for additional instructions)		8. Training Type Code (See page 6 for additional instructions)			
9. Training Sub Type Code (See page 6 for additional instructions)	10. Training Delivery Type Code (See page 8 for additional instructions)	Select one 11. Training Designation	Type Code 12. Train	Select one • ing Credit 13. Training Credit Type Code			
Select one	Select one ·	Select one	•	Select one		-	
14. Training Accreditation Indicator Select one	15. Continued Service Agreement Required Indicator (Agency Use Only) (See page 8 for additional instructions) Select one	16. Continued Service Agreement Expiration Da (Enter date as yyyy-mm-dd	17. Training Source Type Code (See page 8 for additional instructions) 18. Individual or Group Training 19. Student/ Membership ID Select one • Select one • •				
20. Skill Learning Objective	1	2	21. Agency Use Only (F	For use by age	ency as needed)		
Put the expected trai outcome	ning Refer the SF-182	e page 6 of the		Name, the pe the pa metho	information /Email/Phone f rrson who will f yment and pay od i.e. Credit Ca Check etc.	make ment	

SECTION C: Please enter cost information for the training course.



SECTION D:

Please obtain Immediate, 2nd line Supervisors and Training Officer's approval. If no 2nd line put "<u>Same as above</u>" in block 2a.

** CNIC Commands with no designated Training Officer, send to N15 WD for approval in block 3.

Section D – Approvals Complete the appropriate number of approvals your agency requires (e.g. first, second, and/or third level approval) before submission of this form to the Agency Training Office.					
1a. Immediate Supervisor/First-line Supervisor (Name and Title)					
1b. Telephone Number (Include Area Code and Extension)	1c. Email Address				
1d. Signature	1e. Date (Enter Date as yyyy-mm-dd)				
2a. Second-line Supervisor (Name and Title)					
2b. Telephone Number (Include Area Code and Extension)	2c. Email Address				
2d. Signature	2e. Date (Enter Date as yyyy-mm-dd)				
3a Training Officer (Name and Title)					
3b. Telephone Number (Include Area Code and Extension)	3c. Email Address				
3d. Signature	3e. Date (Enter Date as yyyy-mm-dd)				

SECTION E: Please obtain signature of your budget officer for approval for the vendor courses. * For free courses please leave Section E blank SECTION F: N15 WD will fill this information

Section E – Approvals/Concurrence To be completed by the nominating Agency Official authorized to approve or disapprove training requests.					
1a. Authorizing Official (Name and Title)					
1b. Telephone Number (Include Area Code and Extension)	1c. Email Address				
1d. Signature	1e. Date				
Section F – Certification of Training Completion and Evaluation*					
1a. Authorizing Official (Name and Title)					
1b. Telephone Number (Include Area Code and Extension)	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.					
* 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 410.202. 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.					

Print Form

Clear Form