

SECTION A:
Please enter nominee's information
in blocks **1,6,7,8,9,10,11,12,13,14,15, and 16**

Use your **LEGAL NAME**. If you have multiple nominees for the same class, please put "See attached list" and provide the attached list of nominees.

DO NOT put PII information on this form leave blocks 2, 3, 4, and 5 blank

Authorization, Agreement, and Certification of Training		A. Agency code, agency sub-element and submitting office number	B. Request Status Select one			
Section A – Trainee Information						
1. Applicant's Name (Last, First, Middle Initial)		2. Social Security Number (###-##-####) (Agency Use Only) Leave blank		3. Date of Birth (Enter Date as yyyy-mm-dd) (Agency Use Only) Leave blank		
4. Home Address (Optional) (Number, Street, City, State, ZIP Code) Leave blank		5. Home Telephone (Optional) (Include Area Code) Leave blank		6. Position Level (See page 4 for additional instructions)		
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency)		8. Office Telephone (Include Area Code and Extension)		9. Work Email Address		
10. Position Title		11. Does applicant need special accommodation? Select one	If yes, please describe the requirements below			
12. Type of Appointment	13. Education Level (See page 4 for additional instructions) Select one	14. Pay Plan	15. Series	16. Grade	17. Step Leave blank	

If you are MIL, NAF, MLC or IHA employee, please put "C" for permanent employee and "T" for temporary

Review instructions on pg.4 and 5 of SF-182

Put either GS, NAF, MIL, MLC or IHA

For MIL put Designator Code or NEC

Example 1-7 for MLC or CDR for MIL

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 <i>(No., Street, City, State, ZIP Code)</i>			1.b Location of Training Site <i>(if different form 1a)</i>		
1c. Vendor Telephone Number	1d. Vendor Email Address	1e. Vendor website	1f. Vendor Point-of-Contact (POC)		
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>(See page 6 for additional instructions)</i> Select one	8. Training Type Code <i>(See page 6 for additional instructions)</i> Select one		
9. Training Sub Type Code <i>(See page 6 for additional instructions)</i> Select one	10. Training Delivery Type Code <i>(See page 8 for additional instructions)</i> Select one	11. Training Designation Type Code Select one	12. Training Credit	13. Training Credit Type Code Select one	
14. Training Accreditation Indicator Select one	15. Continued Service Agreement Required Indicator (Agency Use Only) <i>(See page 8 for additional instructions)</i> Select one	16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	17. Training Source Type Code <i>(See page 8 for additional instructions)</i> Select one	18. Individual or Group Training Select one	19. Student/ Membership ID
20. Skill Learning Objective			21. Agency Use Only <i>(For use by agency as needed)</i>		

Put the expected training outcome

Refer the page 6 of the SF-182

POC information
 Name/Email/Phone for the person who will make the payment and payment method i.e. Credit Card, LOA, Check etc.

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

Put Tuition/Material and Total cost in blocks 1a-c.

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: 12-64-5678</i>)					

Put the document number or, leave blank

SECTION D:

Please obtain Immediate, 2nd line Supervisors and Training Officer's approval. If no 2nd line put "Same as above" 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 (<i>Name and Title</i>)	
1b. Telephone Number (<i>Include Area Code and Extension</i>)	1c. Email Address
1d. Signature	1e. Date
Section F – Certification of Training Completion and Evaluation*	
1a. Authorizing Official (<i>Name and Title</i>)	
1b. Telephone Number (<i>Include Area Code and Extension</i>)	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.	
<small>* 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.</small>	

Print Form

Clear Form