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

> Please 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.

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

> Check "Initial" when you create SF182 for the first time.

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. [ ] code agency subelement submitting office number	B. Request Status *(Mark (X) one)*
	[ ] Resubmission [ ] Initial
	[ ] Correction [ ] Cancellation

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

1. Applicant's Name *(Last, First, Middle Initial)*	2. Social Security Number/Federal Employee Number	3. Date of Birth *(yyyy-mm-dd)*
	Leave blank	Leave blank

4. Home Address *(Number, Street, City, State, ZIP Code)* (Optional)	5. Home Telephone (Optional) *(Include Area Code)*	6. Position Level *(Mark (X) one)*
Leave blank	Leave blank	[ ] a. Non-supervisory [ ] b. Manager
		[ ] c. Supervisory [ ] d. Executive

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 accomodation?	If yes, please describe below
	[ ] Yes [ ] No	

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
					Leave blank

> If USCS please review instructions on pg.7 of SF-182
>
> If you are MIL, NAF, MLC or IHA employee, please put "C" for permanent employee and "T" for temporary

> Please review instructions on pg.7 of SF-182

> Please 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:
RWD Will fill out a majority of this section please complete blocks 7, 18, and 19.

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*)   ☐ Yes   ☐ No

15. Continued Service Agreement Required Indicator (*Check below*)   ☐ Yes   ☐ No   ☐ N/A

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*)

18. Training Objective

19. AGENCY USE ONLY

18. Training Objective

Please input the expected training outcome

Please refer to page 9 of the SF-182

Please put 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.

* It is highly likely the cost will change from the announced cost due to not knowing the final number of enrollment. Final cost will be given after course nomination deadline. However, final cost will not be more than announced cost.

Please put tuition cost in blocks 1 a. and 1 c.
If course is free please put $0.00 in blocks 1 a. and 1 c.

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund			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 *(Furnish invoice to):*
4. Document / Purchasing Order / Requisition Number	
5. 8 - Digit Station Symbol *(example - 12-34-5678)*	

U.S. Office of Personnel Management

Standard Form 182
Revised December 2006
All previous editions not usable.

Please put the document number, if there's no document number, leave blank

SECTION D:
Please obtain signatures of your Supervisors and Training Officer for approval.

* Both Immediate and Second-line Supervisors must sign.
** For CNIC Commands that do not have a Training Officer RWD can sign in block 3d.

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**

2d. Signature of Second Line Supervisor. Press enter if you would like to apply a digital signature. (Click to sign)

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:
RWD will fill this information in with the Chief RWD's information

Please make sure the "Approved" box is checked by the Authorizing Official

Section E - APPROVALS / C———CE

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