

Circle the appropriate copy designator.

Copy 1 - AGENCY (TRAINING/PERSONNEL FOLDER)
Copy 6 - AGENCY (FINANCE/DISBURSING, TUITION)

Copy 7 - AGENCY (FINANCE/DISBURSING, BOOKS, ETC)
Copy 8 - AGENCY (EMPLOYEE)

Copy 10 - ACTIVITY (OPTIONAL USE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code and subelement, and submitting office number (XX-XX-XXXX)	B. Standard document number (Org identifier/FY/Doc./typecode/Serial Number)	C. Request Status or Process Code (X one)		D. Amendment No.
		<input type="radio"/> (1) Initial	<input type="radio"/> (2) Resubmission	
		<input type="radio"/> (3) Correction	<input type="radio"/> (4) Cancellation	

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial) Smith, John B. MALE	2. 1st 5 letters of last name Smith	3. Social Security Number 123-45-6789	4. Ed. level 13	5. Continuous Federal Svc a. Years: 10 b. Months: 7	
6. Home Address (Street, City, State and ZIP Code)(optional) 255 Goldsmith Road Jackson, MS 39212	7. Phone Numbers (Include area code)		8. Position Title Training Technician		
	a. Home (601) 555-5555	b. Office	9. Position Level (X one)		
11. Organization Name NGMS-HRO	(1) Commercial (601) 555-4444	<input type="radio"/> a. Executive	10. Pay Plan / Series/ Grade / Step (Rank/MOS/AFSC/or Navy Designator) GS/1702/09/03 CPT		
12. Organization Mailing Address (Include ZIP) P.O. Box 5027 Jackson, MS 39296-5027	(2) Autovon DSN 555-3333	<input type="radio"/> b. Manager	14. Type of Appointment 3		
	13. Organization UIC W8AGAA	<input checked="" type="radio"/> c. Supervisory	15. No. Prior non-govern-ment training days		
16. Are you handicapped or disabled? (X one)		<input type="radio"/> Yes	<input type="radio"/> d. Non-Supervisory		
		<input checked="" type="radio"/> No	<input type="radio"/> e. Other (Specify)		

Section B - TRAINING COURSE DATA

17. Course Title Senior Level Logistics Course	18. Training Objectives (Benefits to be derived by the Government) To increase leadership skills which include future planning, performance planning, counseling, management techniques, and goal setting.	19. Recommended Training Source, School or Facility a. Name Professional Education Center b. Mailing address (Include ZIP) P.O. Box 797 North Little Rock, AR 72115-0797
20. Course Codes		c. Location of training site (If other than 19b)
a. Purpose: 4	f. Security Clearance: S	k. Training Program: N
b. Type: 2	g. Allocation Status: 1	l. Reason for Selection: 1
c. Source: 1	h. Priority: 3	23. Training Period (YYYYMMDD)
d. Special Interest: 2	i. Training Level: 3	a. Start: 010328
e. Training Vendor	j. Method of Training: 7	b. Complete: 010406
		21. Course hours (4 digits) a. Duty: 0032 b. Non-duty: c. TOTAL: 0032
		22. Course Identifiers a. SAID: b. Catalog / Course No: LTC-XXX c. Offering / TLN:

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>	
25. Direct Costs	26. Indirect Costs (For information only)
a. Tuition cost	a. Travel cost
b. Books, material other costs	b. Per diem/other costs
c. Total direct costs	c. Total indirect costs
d. Funding source	28. Labor Costs
31. Job Order No.	29. Signature of Fiscal Officer (Follow local procedure)
30. Total of Direct & Indirect Costs	

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)		33. Training Officer: I certify this training meets regulatory requirements.	
a. Typed Name (Last, First, Middle Initial) Jones, James S. LTC	b. Phone number (Include area code) (601) 555-2222	a. Typed Name (Last, First, Middle Initial) Bennett, Richard T. CPT	b. Phone Number (Include area code) (601) 313-6122
c. Signature & Title Administrative Officer	d. Date 010220	c. Signature & Title Employee Development Specialist	d. Date
34. Authorizing Official		35. Course Acceptance (To be completed by school official)	
a. Action (X one) <input checked="" type="radio"/> (1) Approved <input type="radio"/> (2) Disapproved	b. Typed Name (Last, First, Middle Initial) Hill, Edgar Y. LTC	<input type="radio"/> a. Accepted	c. School Official Signature
c. Phone number (Include area code) (601) 313-6333	d. Signature & Title Supv Pers Mgmt Spec	<input type="radio"/> b. Not Accepted	d. Date
e. Date	36. Course Completion (To be completed by school official)		
	a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/>	b. Actual Completion Date (YYYYMMDD)	c. Grade
37. Billing Instructions (Identify discount terms. Furnish original invoice and 3 copies to Mississippi Military Department ATTN: NGMS-HRT-ED P.O. Box 5027 Jackson, MS 39296-5027)		d. Signature & Title	e. Date
		38. Certifying Government Official	
		a. I certify that this account is correct and proper for payment in the amount of: \$	
		b. Signature	c. Date Signed
		d. DSSN Number	e. Check Number
		f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), E09397, November 1943 (SSN).

PURPOSE AND USE: The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

SECTION E - TRAINEE AGREEMENT/CERTIFICATION

38. AGREEMENT TO CONTINUE IN SERVICE

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section 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.

a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (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 maximum of 40 hours a week.)

b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in Item a above, I agree to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.)

c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in Item a above, I will give my servicing Civilian Personnel Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.

d. I understand that any amounts which may be due the employing 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.

e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

f. Period of obligated service:	(1) From (enter date (YYMMDD))	(2) To (Enter date (YYMMDD))
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39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. TRAINEE SIGNATURE

b. DATE SIGNED

INDIVIDUAL DEVELOPMENT PLAN

NAME _____ ORGANIZATION _____

GRADE AND SERIES _____ DUTY TITLE _____

MAJOR DUTIES	KNOWLEDGE, SKILL, ABILITY REQUIRED	TRAINING PLANNED/ PROJECTED DATE/TYPE	TRAINING ACCOMPLISHED/DATE
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SUPERVISOR'S SIGNATURE _____ EMPLOYEE'S SIGNATURE _____

INSTRUCTIONS FOR PREPARATION OF THE IDP

MAJOR DUTIES:

List the job elements from the technician's performance standard.

KNOWLEDGE, SKILLS, AND ABILITIES (KSA's) REQUIRED:

Enter a listing of the KSA's required to perform the job in each job element.

TRAINING PLANNED/PROJECTED DATE/TYPE:

List all training required to train the individual in their position. Indicate the projected training date and type. The type of training should include, but not limited to, on-the-job training, PEC training formal training, supervisor training, etc.

TRAINING ACCOMPLISHED/DATE:

Actual training accomplished and date.

**INDIVIDUAL DEVELOPMENT PLAN (IDP) FOR
CIVILIAN ARMY ACQUISITION WORKFORCE (AAW) MEMBERS**

PRIVACY ACT STATEMENT

Section 4103 of Title 5 to U.S. Code authorizes collection of this information. This information will be used by supervisors, employees, and civilian personnel officials to plan and/or schedule training, education, or other career developmental activities. Collection of your Social Security Number is authorized by EO 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. If your activity uses the information furnished on this form for purposes other than those indicated above, they will provide you with additional statements reflecting those purposes.

1. NAME		2. SSN		3. POSITION TITLE		4. PAY PLAN		5. SERIES		6. GRADE	
7. MACOM		8. POI		9. ORGANIZATION							
10. PRIMARY ACF		11. CERT LEVEL		12. SECONDARY ACF		13. CERT LEVEL					
14. INITIAL/UPDATE		15. PERIOD COVERED		16. LAST UPDATED							
17. DEVELOPMENTAL OBJECTIVES											
17a. SHORT-TERM OBJECTIVES: (1 - 2 YEARS)				17b. LONG-TERM OBJECTIVES: (3 - 5 YEARS)							
18. TRAINING											
18a. COURSE ID		18b. COURSE TITLE		18c. PROVIDER		18d. DATE SCHEDULED or PROPOSED		18e. DATE COMPLETED			
19. EDUCATION											
19a. DEGREE		19b. NAME OF PROGRAM		19c. PROVIDER		19d. DATE SCHEDULED or PROPOSED		19e. DATE COMPLETED			

**INDIVIDUAL DEVELOPMENT PLAN (IDP) FOR
CIVILIAN ARMY ACQUISITION WORKFORCE (AAW) MEMBERS**

NAME	SSN	POSITION TITLE/PAY PLAN/SERIES/GRADE	
20. DEVELOPMENTAL ACTIVITIES			
20a. PLANNED ACTIVITY/ LOCATION	20b. DATE SCHEDULED or PROPOSED		20c. DATE COMPLETED
21. I certify that I will support the training, education, and development as agreed upon by the employee and myself as outlined in this IDP.			
Supervisor Signature, Title, and Date			
22. I have been counseled regarding my career goals and training, education, and developmental activities needed to achieve these goals. Only goals I can realistically be expected to achieve during the developmental period are included.			
Employee Signature and Date			

5-B-4

ANNEX F (PERFORMANCE IMPROVEMENT PLAN)

PERFORMANCE IMPROVEMENT PLAN

NAME: _____ ORGANIZATION: _____

GRADE AND SERIES: _____ DUTY TITLE: _____

MAJOR DUTIES	KNOWLEDGE, SKILL, ABILITY REQUIRED	TRAINING PLANNED/ PROJECTED DATE/TYPE	TRAINING ACCOMPLISHED/DATE
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SUPERVISOR'S SIGNATURE: _____ EMPLOYEE'S SIGNATURE: _____

INSTRUCTIONS FOR PREPARATION OF THE PIP

MAJOR DUTIES

List the job elements from the technician's performance standard that are below the fully acceptable level.

KNOWLEDGE, SKILLS AND ABILITIES (KSA'S) REQUIRED

Enter the KSA's required to bring the performance to the fully acceptable level.

TRAINING PLANNED/PROJECTED DATE/TYPE:

List all training required to bring the level of performance to an acceptable level. Indicate the projected training date and type.

TRAINING ACCOMPLISHED/DATE

Actual training accomplished and date.