TUITION-FREE TRAINING REQUEST/RECORD	STANDARD DOC #:

FROM: _____
TO: NETPDTC Training Coordinator, N832

I. EMPLOYEE INFORMATION

NAME (Last, First, Middle Initial)		SSN	OFFICE PHONE
ACTIVITY		UIC	DEPARTMENT/CODE
POSITION TITLE	SERIES/GRADE	POSITION LEVEL SUPERVISORY ☐ NON-SUPERVISORY ☐ MANAGERIAL ☐	

Does the trainee require special accommodations (facilities/equipment) to be able to attend this course?
YES ☐ NO ☐ If yes, please specify requirement:

II. COURSE INFORMATION

FY	COURSE TITLE	COURSE DATES START: COMPLETE:	HOURS DUTY: NON-DUTY:
TRAINING SOURCE	ADDRESS	CITY/STATE/ZIP	PHONE

SAID NUMBER: THIS REQUEST FOR TRAINING IS ☐ On the Annual Training Plan (ATP)
☐ An addition to the ATP
☐ A substitute for _____ previously requested on the ATP for (Course) _____

III. TRAINING OBJECTIVES

TO BE COMPLETED BY THE SUPERVISOR

A. Indicate training objectives as they relate to the knowledge, skills, and abilities to perform official duties described in the employee's position/job description:

B. Is this request part of a formalized training program? ☐ Yes ☐ No
If yes, what program

IV. APPROVAL SIGNATURES

SUPERVISOR	DATE
SUPERVISOR'S PHONE	
AUTHORIZING OFFICIAL	DATE
I CERTIFY THAT THIS TRAINING MEETS REGULATORY REQUIREMENTS	
NETPDTC TRAINING COORDINATOR	DATE

FOR OFFICIAL USE ONLY

REC ID ___ PURPOSE ___ SOURCE ___
PRIORITY ___ SPECIN ___
LEVEL ___ PROGRAM ___
METHOD ___ REASON ___

COMPLETION:

DATE: _____
GRADE: _____
CERTIFIED BY: _____

INSTRUCTIONS

Please provide all requested information in typed format so we may process your training request quickly and accurately. If additional space is needed, typed the required information on plain bond paper and attach to form.

ENPLOYEE INFORMATION

Complete information in this section will allow accurate processing of the training request. If the employee requires special accommodations to attend the training, please describe (i.e.,unable to climb stairs, needs sign language interpreter, etc.). If more than one employee is to be nominated for this training, list the **EMPLOYEE INFORMATION** for each nominee on a sheet of plain bond paper and attach to form.

TRAINING OBJECTIVES

A. State the purpose of the requested training and how it relates to the employee's current position.
B. The supervisor should indicate the priority after carefully reading the category descriptions.
C. If the training requested is part of a formalized training program, specify program:

UPWARD MOBILITY	INTERN
UPGRADE TRAINING	SUPERVISORY DEVELOPMENT
CAREER LADDER	EXECUTIVE DEVELOPMENT
WORKER TRAINEE	VETERAN'S READJUSTMENT ACT (VRA)
APPENTICE	OTHER

COURSE INFORMATION

FY: Enter the last two digits of the fiscal year when the course starts.
COURSE TITLE: Enter the exact title of the course as listed in course brochure, announcement or catalog.
COURSE DATES: Indicate the start and completion dates for the course.
HOURS: Enter the number of duty and/or non-duty hours required for the training. If the vendor is not a local activity, enter the address and phone number of the vendor.
SAID #: Enter the SAID number, if known, from the HRO/HRSC course announcement or catalog.
ATP: Indicate the requested training is on the Annual Training Plan for your activity. If not, indicate if the request is an addition or substitution (for another course and/or for another employee).

APPROVAL SIGNATURES

Obtain the required signatures by forwarding this request through your internal chain of command before submitting to N832.

PRIVACY ACT STATEMENT (Employee must sign)

I have read and understand the Privacy Act Statement shown below.

Employee Signature Date

PRIVACY ACT STATEMENT

General- This information is provided pursuant to Public Law 93-579(Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.
Authority- The Government Employees Training Act of 1958(U.S. Code, Title 5, section 4101 to 4118).
Purposes and Uses- The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to documents the nomination of trainees and completion of training; and it 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 includes in the Government's Central Personnel Data File.
An effect of Nondisclosure- 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.
Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)- Disclosure by you of your Social Security Number(SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United Sates Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN us used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File(CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training in training administration process carried our in accordance with established regulations. The SSN also will be used for selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.