



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/WESTERN RECRUITING REGION
1600 HENDERSON AVENUE SUITE 238
SAN DIEGO, CALIFORNIA 92140-5001

DepO 12410.9H
1B
JUN 04 2002

DEPOT ORDER 12410.9H

From: Commanding General
To: Distribution List

Subj: CIVILIAN EMPLOYEE TRAINING AND DEVELOPMENT

Ref: (a) 5 CFR Part 410
(b) DOD CPM 410
(c) DOD CPM 950
(d) SECNAVINST 12410.22A

Encl: (1) Guidelines for Individual Development Plan (IDP)
(2) Probationary Supervisor Individual Development Plan
(3) Supervisory Individual Development Plan (IDP)
(4) Submission of Request, Authorization, Agreement, Certification of Training and Reimbursement, DD-1556
(5) Sample DD Form 1556
(6) Employee-Individual Development Plan (IDP)

1. Situation. Chapter 41 of Title 5, United States Code, is the basic statute authorizing employee training. Training under the law may be full-time or part-time, on or off duty, day or evening, or any necessary combination of these. It may be accomplished through government or non-governmental facilities by such means as correspondence course, classroom work, conferences, workshops, supervised practices, or other methods or combination of methods. The agency may pay all or a portion of the expenses for such training. The Equal Employment Act of 1972 requires all agencies to provide opportunities, including training and education, to enable its employees to advance to positions that permit performance at their highest potential.

2. Cancellation. DepO 12410.9G.

3. Mission. To publish policy and guidelines for the training and development of Civil Service employees of Marine Corps Recruit Depot/Western Recruiting Region, San Diego, in accordance with references (a) through (d).

4. Execution

(a) Commander's Intent

(1) It is Department of the Navy (DON) policy that training shall be provided to improve employee performance, systematically develop skills

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for future manpower needs, develop high potential employees, maintain state-of-the-art proficiency which contributes to the overall organizational productivity, economy, efficiency, and attainment of mission goals and objectives.

(2) Training and development needs will be identified in conjunction with the performance appraisal process. Civilian employees will be selected for training and development on the basis of needs and requirements generated from specific documented sources such as performance appraisals, position function changes, formal career program requirements, regulatory issuances, and approved individual/activity training needs.

b. Concept of Operations

(1) Line Managers and Supervisors. Responsible and accountable for ensuring that subordinates possess the competencies to perform duties efficiently and effectively. They are responsible for conducting an annual training needs assessment in conjunction with the setting of performance standards for each subordinate employee. Supervisors are also responsible for providing reasonable opportunity for employees to attend required and approved training and for ensuring that a training record is maintained and utilized by each employee.

(2) Civilian Personnel Officer. Responsible for rendering advice and assistance on all matters pertaining to the training and development of civilian employees and ensuring that all programs and activities comply with established regulations and policies.

(3) Employee Development Officer

(a) Advise all appropriate levels of supervision and management to ensure regulatory compliance with all Command training.

(b) Provide professional assistance and counseling to employees and management officials.

(c) Ensure all required training is conducted in a professional and timely manner.

(d) Assess the effectiveness of completed training.

(e) Certify that attendance at training, conferences, meetings, etc., meet all regulatory and/or legal requirements and that training objectives are determined prior to the start date.

(f) Conduct annual training and budget survey to identify all training needs.

(g) Maintain yearly training requirements for budget purposes.

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(h) Review nominations to ensure training is on the funded budget, that nominees meet all eligibility requirements, that funds are available to support the training, and that the training cannot be accomplished in a more economical manner.

(i) Document each training source determination (whether for individual employees, groups of employees, or facilities usage) that requires expenditures in excess of \$500.

(4) Employees. Communicate training and career development interests to immediate supervisors and employ the assistance of the Employee Development Officer. Employees are also responsible for applying knowledge, skills, and abilities acquired through training and development to the work situation and for providing information on self-development activities to the Civilian Personnel Division for record purposes.

5. Administration and Logistics

a. Mandatory Training

(1) New Employee Orientation. All new employees will receive orientation on the organization of the Depot, personnel procedures, policies and regulations, training and self-development opportunities, equal employment opportunity, and civilian employees' rights and responsibilities. The orientation will be provided by the Civilian Personnel Division on a quarterly basis. Supervisors will also conduct orientation of new employees covering such areas as security health, safety, Civilian Employee Assistance Program (CEAP), personnel facilities, performance standards, and other subjects as appropriate for the respective work site. The orientation training will be documented through the use of the "Initial Orientation Check List for New Employees," MCRD 12410/1, provided to each new employee by the Civilian Personnel Division.

(2) Basic Supervisory Development Training. This course is designed for new supervisors, those who need an update of knowledge of skills, and military supervisors of civilians. There is no maximum number of hours, however, there is a minimum number of 40 hours. The requirement for civilian supervisors is to attend a Supervisory Development Course (20 hours) within the first six months from the date of appointment and 20 hours within the probationary period of one year. Subsequent training is encouraged during the probationary period are required to continuously update their supervisory skills and techniques, and develop their managerial skills for higher-level duties.

(3) Management Development Training. This training is primarily for GS/GM-13 and above which covers an array of management and executive level courses, such as Congressional Fellowship Programs, Armed Forces Staff College, and Education for Public Management Programs. These programs are geared to upper management employees and are generally one or

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more years in length. Further training will be conducted on Performance Management and Handling Performance Problems.

(4) Performance Appraisal. This is a special area of development, which establishes criteria for identification of performance elements and standards.

(5) Equal Employment Opportunity (EEO) Training. This training is required for Deputy EEO Officers, special emphasis program managers, investigators, EEO counselors, other EEO and complaint processing officials and is required annually for all supervisors. Additionally, DON policy on prevention of sexual harassment training is also a mandatory requirement for all civilian supervisors.

(6) Civilian Employee Assistance Program (CEAP). Training that emphasizes the DON policy that provides assistance to civilian employees who have problems involving the misuse of alcohol or drugs or other personal problems, which have or may have an adverse effect on job performance. This training is normally introduced during the New Employee Orientation and should further be explained by the immediate supervisor upon reporting to the work section as described above.

(7) Prevention of Sexual Harassment Training. Training that is required for all Department of the Navy employees.

(8) Computer Security Training. Required for all employees who are responsible for the management and use of computer systems which process sensitive information.

b. Needs Assessment and Individual Development Plans (IDP)

(1) While setting annual performance standards, or when the employee's performance is in need of review, the supervisor and subordinate are required to discuss the employee's performance. The discussion must include an assessment of any training or development need.

(2) Training or developmental needs, which are identified as a result of the performance discussion, will be recorded on the performance appraisal form (NAVSO 12430/9 OR 12430/10). Training that is discussed under the Merit Promotion Procedures below will be recorded on an IDP, or similar form required by the individual career program. The IDP serves as a record for the required training.

(3) Guidelines for the completion of the IDP are contained in enclosure (1).

c. Selection and Assignment of Employees for Training

(1) Selection Procedures. Career, career-conditional employees, and those on excepted appointments may be selected for training in

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non government facilities. Temporary and intermittent employees may also be considered when critical skill needs can only be obtained through training in non-government facilities, and provided that these newly acquired skills will be fully used after training. Full-time, temporary employees whose assignment is expected to last at least one year shall be given priority over the other temporaries.

(2) Policy of Nondiscrimination. There shall be no discrimination on the basis of race, color, religion, sex, national origin, age, physical or mental handicap, political affiliation, marital status, or any other non-merit factors in the consideration and selection of employees for training and development.

(3) Merit Promotion Procedures. Merit promotion procedures must be followed in selecting career and career-conditional employees for the following three types of training:

(a) Training that is part of an authorized training agreement that provides the qualifications for a different occupational series.

(b) Training that is part of a promotion program although the promotion may not immediately follow training (e.g., upward mobility, intern, apprentice, and competitively selected long-term training).

(c) Training that is required before an employee may be considered qualified for a position (such as positive education requirements for professional positions as prescribed in the X-118 Handbook, Qualification Standards for White Collar Positions Under General Schedule).

d. Job Related Training

(1) Present Duties. Training for current duties is considered relevant when it is designed to improve current job knowledge, skills, and/or abilities in order to address any of the following requirements:

(a) To correct deficiencies through the performance appraisal process.

(b) To improve the level of performance.

(c) To develop skills basic to performance.

(2) Future Duties. Training for future duties is considered relevant when the training is designed to enhance skills, knowledge, and/or abilities that will be useful in performing a planned management action or likely future assignment within the command or the DON. This training may be related to any of the following purposes:

(a) Fulfilling a requirement that is contained in a formal

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training agreement, or a specified requirement contained in a formal career profession program (e.g., career development, upward mobility, intern, etc.).

(b) Developing competency to perform different duties or higher-level work.

(c) Qualifying for a planned management occupational change that is directly related to DON skills requirements.

(d) Training that fulfills a prerequisite to training for any of the above requirements.

(3) Guidelines for submission of training requests are contained in enclosure (4).

e. Tuition Assistance Program. In some instances, work-related courses of instruction in non-government facilities may receive recognition through tuition assistance. Each case must be considered individually. If any cost to the government is involved, approval of the Assistant Chief of Staff, G-1, is required before an employee may be trained in non-government facilities.

f. Counseling Employees. Supervisors shall provide job related training and development counseling to their employees in order to help subordinates to attain full competency on the performance of official duties. Counseling shall be provided at least annually in conjunction with the performance appraisal process. Supervisors, in turn, are to receive appropriate management guidance on mission objectives and program priorities as related to the training and development of employees. The Employee Development Specialist is available to provide career counseling on knowledge, skills, and abilities that may be required to perform official duties in a future assignment.

g. Delegation of Approval Authority. The Director, Human Resources Office is delegated authority to approve all training, including expenditures of funds. Should it become known that training would not be attended, the section should notify the Training Branch, Human Resources Office, in order to provide substitutions. The Director, Human Resources Office has authority to substitute training items when there is no additional expenditure of funds. Training that does not meet the requirements of this Order will not be approved.

h. Non-completion of Training

(1) Personnel attending either a non-government or government training facility may be disciplined for failure to complete at raining assignment. Approval to attend the same course a second time will normally not be authorized. Supervisors are to contact the Employee Development Specialist and the Employee Relations Specialist prior to undertaking disciplinary actions pertaining to non-completion of training

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in a government facility.

(2) In instances where non-completion, failure, or unsatisfactory completion of training is reported by a non-government training facility, the student will be required to reimburse the government for any prepaid expenses incurred on his/her behalf. When a student has paid expenses out of pocket, and fails to complete training or receives an unsatisfactory grade, reimbursement by the government will not be made.

(3) Exceptions to non-completion of training will be considered when failure to attend or complete the training is determined to have been beyond the employee's control as in cases involving employee illness, personal hardship, or other unusual circumstances.

6. Command and Signal

a. Command. This Order applies to all civilian personnel aboard and within MCRD/WRR, San Diego.

b. Signal. This Order is effective the date signed.



T. W. SPENCER
Chief of Staff

DISTRIBUTION: F

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GUIDELINES FOR INDIVIDUAL DEVELOPMENT PLAN (IDP)

1. General. Individual training needs are to be determined annually, in conjunction with applicable setting of performance standards cycle. Any training or developmental needs which are identified as a result of the Merit Promotion Procedures are recorded on the IDP, MCRD Form 12410/4, Enclosures (2) and (3), or similar form required by the individual career program.

2. Process. The IDP process is as follows:

- Step 1 Employee and supervisor discuss performance and identify any training and developmental needs.
- Step 2 Each identified training need is recorded on the IDP (ENCLOSURES (2) and (3)). List as many needs as possible that the IDP will accommodate.
- Step 3 Employee and supervisor sign and date the IDP form.
- Step 4 Supervisor provides a priority code to each IDP training need. Other data about a known training source is added. Priority codes are listed in Appendix A.
- Step 5 The IDP's are passed on to the next level of supervision. The recorded training needs are reviewed. The priorities are reviewed to assure compatibility with the mission requirements of the work area.
- Step 6 During the annual call for training and TAD planning, consolidate the overall training budget requirements. Budget submissions will be forwarded to the Employee Development Specialist for review of the training needs, priorities, and recommendations as to funding availability.
- Step 7 Approved training and developmental line items are disseminated through the management chain to the supervisor who initiated the training need request for the employee. The supervisor then, through the Civilian Personnel Division, assures that the employee receives the training which has been approved and funded.

NOTE: On occasion, the process will work in reverse. The Civilian Personnel Division will identify training requirements. The course will be included in the Command budget and the Employee Development Specialist will contact the supervisor to obtain employee attendance.

3. Completion of the IDP Form. It is not necessary for the supervisor to know all the training courses, school locations, course costs, and other data to fill out an IDP for their employees. The supervisor is only required to provide information as to the employee training need. The Employee Development Specialist can assist with any required data is necessary. However, should the supervisor know of a specific desired course, school, or location, then that information should be added to the IDP to facilitate the process.

PROBATIONARY SUPERVISOR INDIVIDUAL DEVELOPMENT PLAN

DEPO 12410.9H

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NAME:		TITLE/SERIES/GRADE:		TELEPHONE NUMBER: () -		UIC:	
ACTIVITY/CODE:				PROBATION BEGINS:		PROBATION ENDS:	
MANAGER'S NAME:				MANAGER'S TELEPHONE NUMBER: () -			

A. Personnel Management Skills (To be completed within 1 st 6 months of assuming supervisory duties.)	Method of Accomplishment (e.g. developmental assignment, coaching, correspondence course, OJT, formal training, previous experience or training, etc.)	Completion Date
1. Develop subordinate staff and appraise their performance.		
2. Apply safety, security and quality assurance procedures.		
3. Apply local and DON personnel and EEO practices.		
B. Communication Skills (To be completed within 1 st year of assuming supervisory duties.)	Method of Accomplishment (e.g. developmental assignment, coaching, correspondence course, OJT, formal training, previous experience or training, etc.)	Completion Date
1. Coach and counsel employees.		
2. Give and receive feed back constructively.		
3. Recognize and overcome barriers to effective communication.		
4. Motivate subordinates.		
5. Manage conflict.		
6. Interact effectively with peers and other levels of management		
7. Delegate work.		

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PROBATIONARY SUPERVISOR INDIVIDUAL DEVELOPMENT PLAN

NAME:		TITLE/SERIES/GRADE:		TELEPHONE NUMBER:	UIC:
				()	
ACTIVITY/CODE:			PROBATION BEGINS:	PROBATION ENDS:	
MANAGER'S NAME:			MANAGER'S TELEPHONE NUMBER:		
			() -		

C. Basic Management Skills (To be completed within 1 st year of assuming supervisory duties.)	Method of Accomplishment (e.g. developmental assignment, coaching, correspondence course, OJT, formal training, previous experience or training, etc.)	Completion Date
1. Plan and organize work.		
2. Solve problems and make timely decisions.		
3. Acquire and administer material and financial resources.		
4. Monitor and evaluate programs and results.		

D. Activity Specific Skills.	Method of Accomplishment (e.g. developmental assignment, coaching, correspondence course, OJT, formal training, previous experience or training, etc.)	Completion Date
1.		
2.		
3.		
4.		
5.		
6.		

EMPLOYEE'S SIGNATURE & DATE:	
MANAGER'S SIGNATURE & DATE:	
TRAINING SPECIALIST'S SIGNATURE & DATE:	A.H. PIERCE

SUPERVISORY INDIVIDUAL DEVELOPMENT PLAN (IDP)

DEPO 12410.9H
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Employee's Name:		Current Position/Grade:																																																																																																				
Organization:		Developmental Exercises Needed for (check one) <input type="checkbox"/> More effective performance in present or future position <input type="checkbox"/> No further career development desired/needed at the present time																																																																																																				
Point of Contact/Phone #:																																																																																																						
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Long Term (Following Three Years)																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Method of Accomplishment</th> <th style="width: 10%;">No. Hours</th> <th style="width: 10%;">Sch. Date</th> <th style="width: 10%;">Tuition</th> <th style="width: 10%;">Per Diem</th> <th style="width: 10%;">Travel</th> <th style="width: 10%;">Other</th> <th style="width: 10%;">Comp. Date</th> </tr> </thead> <tbody> <tr> <td>• Basic Supervision</td> <td>16</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Human Resources Management for Supv.</td> <td>8</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Federal Employees Compensation Act (FECA)</td> <td>2</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Safety Training for Supervisors</td> <td>8</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• EEO/Prevention of Sexual Harassment</td> <td>4</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Performance Standards Training</td> <td>3</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Leave Administration for Supervisors</td> <td>2</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Drug Free Workplace for Supervisors</td> <td>4</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Employee Development for Supervisors</td> <td>6</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Grievance Handling/Working with the Unions</td> <td>3</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>• Violence in the Workplace Training</td> <td>3</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>							Method of Accomplishment	No. Hours	Sch. Date	Tuition	Per Diem	Travel	Other	Comp. Date	• Basic Supervision	16		\$0.00	\$0.00	\$0.00	\$0.00		• Human Resources Management for Supv.	8		\$0.00	\$0.00	\$0.00	\$0.00		• Federal Employees Compensation Act (FECA)	2		\$0.00	\$0.00	\$0.00	\$0.00		• Safety Training for Supervisors	8		\$0.00	\$0.00	\$0.00	\$0.00		• EEO/Prevention of Sexual Harassment	4		\$0.00	\$0.00	\$0.00	\$0.00		• Performance Standards Training	3		\$0.00	\$0.00	\$0.00	\$0.00		• Leave Administration for Supervisors	2		\$0.00	\$0.00	\$0.00	\$0.00		• Drug Free Workplace for Supervisors	4		\$0.00	\$0.00	\$0.00	\$0.00		• Employee Development for Supervisors	6		\$0.00	\$0.00	\$0.00	\$0.00		• Grievance Handling/Working with the Unions	3		\$0.00	\$0.00	\$0.00	\$0.00		• Violence in the Workplace Training	3		\$0.00	\$0.00	\$0.00	\$0.00	
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Employee's Signature: _____ Date: _____
 Supervisor's Signature: _____ Date: _____

SUBMISSION OF REQUEST, AUTHORIZATION, AGREEMENT,
CERTIFICATION OF TRAINING AND REIMBURSEMENT, DD-1556

1. All requests for training, attendance at conference or seminars whose primary purpose is to train the individual to meet a job related need will be made on the DD Form 1556. This form is the only official means for requesting, approving, and obligating funds pertinent to training. It is also a reimbursement document. Prior to submission of the DD Form 1556 to the Employee Development Specialist for final approval, the following actions will be taken.

a. The immediate supervisor of the nominee will inform the nominee that the DD Form 1556 requires the use of personal data and will advise the employee of the Privacy Act Statement printed on the back of copy 1 of the form.

b. The initiating organization will complete the DD Form 1556 filling in only those items circled on Enclosure (5).

c. The immediate supervisor will then determine the training objective for the nominee and complete Item 1 and the signature portion of Item 2 on the Supplement to DD Form 1556, OPNAV 12410/8. Enclosure (6) is a sample of completed OPNAV 12410/8. This written determination of a pre-training objective is mandatory before final approval can be made for training.

d. The completed form and supplement, along with supporting documentation (i.e., correspondence or brochures that include course content, dates, location, and registration fee information), will be forwarded through the chain of command to reach the Employee Development Specialist 30-45 days from the class convening date for review as to status of funds and nominee's eligibility for the request action. Training courses that require 30-45 days for nomination purposes will have their training requests (DD Form 1556) forwarded to reach the Employee Development Specialist 10 days in advance of the nomination deadline. This approval must always be obtained prior to any commitment of space or funds for the training.

e. Employees are not to commence training unless they are in receipt of an approved DD Form 1556 (copy 8, employee copy).

f. If advance payment of tuition is required, the reverse of copies 6 and 7 will be annotated as follows:

"Due to the requirements of the training facility, all monies paid hereto are forfeited whether or not attendance is made by an employee. It is therefore requested that the accounting data reflect transaction type 2D."

g. DD Form 1556 and Supplement OPNAV 12410/8 are available from the Civilian Personnel Division.

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./type code/Serial Number)	C. Request Status or Process Code (X one)		D. Amendment No.
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code)		8. Position Title		
	a. Home		9. Position Level (X one)		
b. Office					
11. Organization Name	(1) Commercial	a. Executive		10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator)	
	(2) Autovon	b. Manager			
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		c. Supervisory	14. Type of Appointment	15. No. Prior non-government training days
	16. Are you handicapped or disabled? (X one)		d. Non-Supervisory		
		Yes	e. Other (Specify)		
		No			

Section B - TRAINING COURSE DATA

17. Course Title			19. Recommended Training Source, School or Facility		
18. Training Objectives (Benefits to be derived by the Government)			a. Name		
			b. Mailing address (Include ZIP)		
20. Course Codes			c. Location of training site (If other than 19b)		
a. Purpose	f. Security Clearance	k. Training Program	21. Course hours (4 digits)		22. Course Identifiers
b. Type	g. Allocation Status	i. Reason for Selection	a. Duty	a. SAID	
c. Source	h. Priority	23. Training Period (YYMMDD)	b. Non-duty	b. Catalog / Course No.	
d. Special Interest	i. Training Level	a. Start	c. TOTAL	c. Offering / TLN	
e. Training Vendor	j. Method of Training	b. Complete			

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)		27. Accounting Classification	
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		29. Signature of Fiscal Officer (Follow local procedure)	
31. Job Order No.				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)	b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)	b. Phone number (Include area code)	
c. Signature & Title		d. Date	c. Signature & Title		d. Date
34. Authorizing Official			35. Course Acceptance (To be completed by school official)		
a. Action (X one) <input checked="" type="checkbox"/>	(1) Approved	(2) Disapproved	a. Accepted	c. School Official Signature	
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)	b. Not Accepted	d. Date	
d. Signature & Title		e. Date	36. Course Completion (To be completed by school official)		
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:			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 (YYMMDD)	c. Grade
			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.

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./type code/Serial Number)	C. Request Status or Process Code (X one)		D. Amendment No.
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code)		8. Position Title	
	a. Home			
11. Organization Name	(1) Commercial		9. Position Level (X one)	
	(2) Autovon		a. Executive	
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator)	
	16. Are you handicapped or disabled? (X one)		c. Supervisory	
	Yes		14. Type of Appointment	
	No		d. Non-Supervisory	
			e. Other (Specify)	
			15. No. Prior non-government training days	

Section B - TRAINING COURSE DATA

17. Course Title				19. Recommended Training Source, School or Facility			
18. Training Objectives (Benefits to be derived by the Government)				a. Name			
				b. Mailing address (Include ZIP)			
20. Course Codes				c. Location of training site (If other than 19b)			
a. Purpose	f. Security Clearance	k. Training Program		21. Course hours (4 digits)		22. Course Identifiers	
b. Type	g. Allocation Status	l. Reason for Selection		a. Duty	a. SAID		
c. Source	h. Priority	23. Training Period (YYMMDD)		b. Non-duty	b. Catalog / Course No.		
d. Special Interest	i. Training Level	a. Start		c. TOTAL	c. Offering / TLN		
e. Training Vendor	j. Method of Training	b. Complete					

Section H - EVALUATION

Part I (To be completed by trainee)

48. Was course completed? (X one)		49. Actual course dates		50. Actual course hours		51. Academic grade/score	
a. Yes	b. No (Return this form with a memo explaining circumstances)	a. Commenced (YYMMDD)	b. Completed (YYMMDD)	a. Duty	b. Non-duty		
52. Were all sessions attended? (X one)							
a. Yes							
b. No (Explain)							

AREAS OF EVALUATION

X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.

RATING

	RATING		
	A	B	C
53. Stated objective accomplished	A = Yes	B = Partially	C = No
54. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor
55. Organization of subject matter	A = Well Organized	B = Adequate	C = Poorly organized
56. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor
57. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary
58. Length of course	A = Too long	B = Appropriate	C = Too short
59. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient
60. Effectiveness of instructors	A = Excellent	B = Good	C = Poor
61. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant
62. Facilities	A = Excellent	B = Good	C = Poor
63. Recommendation to colleagues	A = Highly Recommended	B = Recommended	C = Not recommended
64. Meet career development plans	A = Yes	B = No	C = Not applicable

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, 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 a 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 or Training 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.

	(1) From (Enter date (YYMMDD))	(2) To (Enter date (YYMMDD))
f. Period of obligated service:		

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

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5)

Copy No. 3 - VENDOR TRAINING REQUEST OR NOMINATION FORM

Copy No. 4 - This document, when completed, represents the nominating agency's obligation to pay all approved training costs. Amounts are estimated in Section C. Please send all bills to the office indicated in item 37 and refer to number in item B (Standard Document Number) upper right hand corner of form.

Copy No. 5 - Return this copy to the nominating agency indicated in item 44 after completion of items 40 - 42.

Please contact the Agency Training Officer indicated in item 33 for any additional information.

BILLING INSTRUCTIONS

Place standard document number (Item B top of form) and appropriation/fund chargeable number (Item 27) on all four copies of invoice: identify discount terms, % and number of days on invoice: mail invoice to address listed in block 37.

F
O
L
D
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Section F - TRAINING VENDOR

42. Remarks

40. Nomination status (X one)		41. First training session	
<input type="checkbox"/> a. Selected as nominated		a. Date	b. Time
<input type="checkbox"/> b. Not selected (See remarks)			
<input type="checkbox"/> c. Selected for alternative dates (See remarks)			

43. Mailing address of trainee (Fold where indicated and insert in window envelope.)

•

•

FOLD

FOLD

47. Optional alternate payment procedures (Fill in appropriate items)

a. ADVANCE METHOD

(1) Check in the amount of \$ _____ payable to the training facility/vendor and covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) _____ will be delivered to you for delivery to the training facility/vendor. "OR"

(2) Check in the amount of \$ _____ covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) _____ will be issued to you. You will obtain a receipt for each expenditure of these funds. The receipt for the check to the training facility/vendor will show the check number. Other receipts will show the item purchased, the amount paid and the vendor's name and address. As soon as feasible after all purchases have been made, you will prepare and forward to (enter name and address) _____ the signed original and two copies of enclosed Standard Form 1164, together with all receipts and a check or money order payable to (enter name and address) _____ for the unexpended balance of these DoD funds, if any.

b. REIMBURSEMENT METHOD

Payment to you for Section C, item 25 (insert (a), (b), or (c), as appropriate) _____ will be made upon presentation of evidence of satisfactory completion of the training assignment and receipt for items related to training paid by you.

c. Action (X one)

d. Authorizing official

(1) Approved	(1) Typed Name (Last, First, Middle Initial)	(4) Telephone numbers
	(2) Signature	(a) Commercial ()
(2) Disapproved	(3) Title	(b) Autovon
		(5) Date signed (YYMMDD)

Section F - TRAINING VENDOR

42. Remarks

40. Nomination status (X one)

41. First training session

a. Selected as nominated	a. Date	b. Time
b. Not selected (See remarks)		
c. Selected for alternative dates (See remarks)		

44. Mailing address of nominating agency (Fold where indicated and insert in window envelope.)

•

•

•

•

FOLD

FOLD

Section G - FINANCE

45. Payment authorized for training		
a. Signature	b. Amount to be paid \$	c. Date

46. Record of payment		
a. Signature	b. Amount paid \$	c. Date

d. Remarks

47. Optional alternate payment procedures (Fill in appropriate items)

a. ADVANCE METHOD

(1) Check in the amount of \$ _____ payable to the training facility/vendor and covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) _____ will be delivered to you for delivery to the training facility/vendor. "OR"

(2) Check in the amount of \$ _____ covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) _____ will be issued to you. You will obtain a receipt for each expenditure of these funds. The receipt for the check to the training facility/vendor will show the check number. Other receipts will show the item purchased, the amount paid and the vendor's name and address. As soon as feasible after all purchases have been made, you will prepare and forward to *(enter name and address)* _____ the signed original and two copies of enclosed Standard Form 1164, together with all receipts and a check or money order payable to *(enter name and address)* _____ for the unexpended balance of these DoD funds, if any.

b. REIMBURSEMENT METHOD

Payment to you for Section C, item 25 (insert (a), (b), or (c), as appropriate) _____ will be made upon presentation of evidence of satisfactory completion of the training assignment and receipt for items related to training paid by you.

c. Action (X one)	d. Authorizing official	(4) Telephone numbers
(1) Approved	(1) Typed Name <i>(Last, First, Middle Initial)</i>	(a) Commercial ()
	(2) Signature	(b) Autovon
(2) Disapproved	(3) Title	(5) Date signed <i>(YYMMDD)</i>

Section H - EVALUATION - Continued

Part II (To be completed by trainee)

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

Part III (To be completed by trainee's immediate supervisor)

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

PERSONNEL USE ONLY

DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

PURPOSE AND USE: 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.

GENERAL INSTRUCTIONS

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS.
SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT.
DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

COPY DISTRIBUTION

Copy 1: File in the training/personnel folder.	Copy 6: Give finance office to authorize payments.
Copy 2: For Agency ADP System.	Copy 7: Give finance office to authorize any separate payments for books, material or other costs.
Copy 3: Give vendor to nominate employee.	Copy 8: Give employee.
Copy 4: Give vendor as the obligation for approved costs.	Copy 9: Use to evaluate training.
Copy 5: Give vendor to return to confirm nomination status.	Copy 10: Keep at originating office.

COMPLETION INSTRUCTIONS

Item A - May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required.

Item B - Follow DoD component instructions.

Item C - Follow local procedures. Normally X beside "initial."

Item D - If this is an amendment, enter number.

Section A - TRAINEE / APPLICANT INFORMATION

Item 1 - Fill in trainee's name. If more than one nominee, list on separate sheet.	Item 11 - Enter trainee's organization name.																																
Item 2 - Enter first five letters of trainee's last name.	Item 12 - Enter trainee's organization mailing address.																																
Item 3 - Enter trainee's Social Security number.	Item 13 - Enter submitting organization's six digit unit identification code (UIC). <i>(See DoD component instructions.)</i>																																
Item 4 - Enter appropriate code for trainee's educational level. <table border="0"> <tr> <td>00 - Not applicable</td> <td>11 - 3 years of college</td> </tr> <tr> <td>01 - No formal or some elementary</td> <td>12 - 4 years of college</td> </tr> <tr> <td>02 - Elementary graduate</td> <td>13 - Bachelor Degree</td> </tr> <tr> <td>03 - Some high school</td> <td>14 - Post Bachelor</td> </tr> <tr> <td>04 - High school graduate or certificate of equivalency</td> <td>15 - 1st Professional</td> </tr> <tr> <td>05 - Terminal Occupational Program (TOP)</td> <td>16 - Post 1st Professional</td> </tr> <tr> <td>06 - TOP Certificate</td> <td>17 - Master Degree</td> </tr> <tr> <td>07 - Started college</td> <td>18 - Post Master</td> </tr> <tr> <td>08 - 1 year of college</td> <td>19 - 6th year Degree</td> </tr> <tr> <td>09 - 2 years of college</td> <td>20 - Post 6th year</td> </tr> <tr> <td>10 - Associate Degree</td> <td>21 - Doctorate Degree</td> </tr> <tr> <td></td> <td>22 - Post Doctorate</td> </tr> </table>	00 - Not applicable	11 - 3 years of college	01 - No formal or some elementary	12 - 4 years of college	02 - Elementary graduate	13 - Bachelor Degree	03 - Some high school	14 - Post Bachelor	04 - High school graduate or certificate of equivalency	15 - 1st Professional	05 - Terminal Occupational Program (TOP)	16 - Post 1st Professional	06 - TOP Certificate	17 - Master Degree	07 - Started college	18 - Post Master	08 - 1 year of college	19 - 6th year Degree	09 - 2 years of college	20 - Post 6th year	10 - Associate Degree	21 - Doctorate Degree		22 - Post Doctorate	Item 14 - Enter appropriate code or abbreviation. <table border="0"> <tr> <td>CC - Career Conditional</td> <td>1 - Regular</td> </tr> <tr> <td>C - Career</td> <td>2 - Reserve</td> </tr> <tr> <td>T - Temporary</td> <td>3 - National Guard</td> </tr> <tr> <td>E - Excepted</td> <td>1 - Intermittent</td> </tr> </table>	CC - Career Conditional	1 - Regular	C - Career	2 - Reserve	T - Temporary	3 - National Guard	E - Excepted	1 - Intermittent
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C - Career	2 - Reserve																																
T - Temporary	3 - National Guard																																
E - Excepted	1 - Intermittent																																
Item 5 - Enter years and months of continuous Federal Government service.	Item 15 - To be computed and filled in by the nominating training office.																																
Item 6 - Follow local procedures.	Item 16 - Self-explanatory																																
Item 7 - Follow local procedures.	Section B - TRAINING COURSE DATA																																
Item 8 - Self-explanatory.	Item 17, 18, and 19 - Self explanatory.																																
Item 9 - Self-explanatory.	Item 20 - Course Codes See reverse.																																
Item 10 - Self-explanatory.	Item 21 - Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.																																
	Item 22a - Follow DoD component instruction.																																
	Item 22b - Enter training source catalog/course ID number.																																
	Item 22c - Follow local procedures.																																
	Item 23a & b - Enter in year, month, day sequence the course dates <i>(e.g., June 15, 1977 would be entered as 770615).</i>																																

Section B - TRAINING COURSE DATA (Continued)

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

A - PURPOSE

- | | |
|---------------------------------|-----------------------------------|
| 1 - Mission or program change | 6 - Develop unavailable skills |
| 2 - New technology | 7 - Trade or craft apprenticeship |
| 3 - New work assignment | 8 - Orientation |
| 4 - Improve present performance | 9 - Adult basic education |
| 5 - Meet future staffing needs | |

B - TYPE

- | | |
|---|---------------------------|
| 1 - Executive and management | 6 - Clerical |
| 2 - Supervisory | 7 - Trade or craft |
| 3 - Legal, medical, scientific or engineering | 8 - Orientation |
| 4 - Administration and analysis | 9 - Adult basic education |
| 5 - Specialty and technical | |

C - SOURCE

- | | |
|---------------------|---|
| A - US Army | S - Defense Logistics Agency |
| D - Other DoD | 2 - Government-Interagency |
| F - US Air Force | 3 - Non-Government, designed for agency |
| M - US Marine Corps | 4 - Non-Government - off-shelf |
| N - US Navy | 5 - State or local Government |

D - SPECIAL INTEREST

- 0 - No special program 1 - Executive Development 2 - Supervision

E - TRAINING VENDOR

(Follow DoD component instructions.)

F - SECURITY CLEARANCE OF COURSE

- U - Unclassified C - Confidential S - Secret T - Top Secret

G - ALLOCATION STATUS

- 1 - Primary 2 - Alternate 3 - Space Available

H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

I - TRAINING LEVEL

- | | | |
|-----------------|---------------------------|----------------------------|
| 1 - Elementary | 3 - Vocational/Technical/ | 4 - College, undergraduate |
| 2 - High School | Secretarial/Business/ | 5 - College, graduate |
| | Commercial/Administrative | 6 - College, post graduate |

J - METHOD OF TRAINING

- | | |
|----------------------------------|--------------------------|
| 1 - On-the-job training (formal) | 6 - Directed study |
| 2 - Rotation of work assignment | 7 - Classroom (resident) |
| 3 - Seminar (training) | 8 - Classroom (on site) |
| 4 - Conference/meeting/symposium | 9 - Test/Equivalency |
| 5 - Correspondence | |

K - TRAINING PROGRAM

Follow DoD component instructions

L - REASON FOR SELECTION OF COURSE

- 1 - Quality of training
- 2 - Most cost effective
- 3 - Unique capability of training source
- 4 - Location
- 5 - Not available in Government
- 6 - Incidental to procurement of equipment
- 7 - Timeliness

Section C - COSTS AND BILLING INFORMATION

Item 24 - X if applicable.

Item 25a & b - Enter dollars and cents.

Item 25c - Sum of items 25a & b. (See Note below)

Item 25d - Follow DoD component instructions.

Item 26a & b - Enter dollars and cents.

Item 26c - Sum of items 26a & b. (See note below)

Items 27 & 29 - For finance office use. Enter only one accounting classification on each DD 1556.

Items 28 & 31 - Follow local procedures.

Item 30 - Sum of items 25c & 26c.

Note: - For a group, totals are for all trainees.

Section D - APPROVALS/CONCURRENCE/ CERTIFICATION

Item 33 - To be certified/signed by the official designated CPO Head of Training.

Item 32 - To be certified/signed by supervisor of trainee.

Item 34 - Follow local procedures.

Item 35 - School official complete, sign, date and return copy 5.

Item 36 - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

Items 37 & 38 - Follow local procedures.

Section E - TRAINEE AGREEMENT/CERTIFICATION
Reverse of Copy 1The trainee (*applicant*) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

Item 38f - To be completed by nominating Training Office.

Item 39 - To be signed and dated by employee nominated for non-government training.

Section F - TRAINING VENDOR
Reverse of Copy 3, 4 & 5

Items 40 & 43 - Instructions on reverse of copy 3.

Item 44 - Reverse of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

Section G - FINANCE
Reverse of Copies 6 & 7

Items 45, 46, or 47 as appropriate, filled in by the nominating activity Training Office.

Section H - EVALUATION
Copy 9To be completed by trainee and immediate supervisor after training is completed (*following agency instructions*).

EMPLOYEE - INDIVIDUAL DEVELOPMENT PLAN (IDP)

Employee's Name:	Current Position/Grade:
Organization:	Developmental Exercises Needed for (check one) <input type="checkbox"/> More effective performance in present or future position <input type="checkbox"/> No further career development desired/needed at the present time
Point of Contact/Phone #:	

DEVELOPMENTAL OBJECTIVES AND GOALS

Short Term (Forthcoming Year)	Long Term (Following Three Years)
-------------------------------	-----------------------------------

Method of Accomplishment	No. Hours	Sch. Date	Tuition	Per Diem	Travel	Other	Comp. Date
• Prevention of Sexual Harassment (POSH)	2	Mandatory	\$0.00	\$0.00	\$0.00	\$0.00	

Enclosure (6)

Employee's Signature: _____ Date: _____
 Supervisor's Signature: _____ Date: _____