

AZAA-HR-ED
SUBJECT: Technician Training Supervisors Checklist

Department of Emergency and Military Affairs, AZAA-HR-ED, 5636 E. McDowell Rd., Phoenix,
AZ 85008-3495

TO: Supervisor of Employee Requesting Technician Training

Please complete the following checklist before forwarding DD 1556 to HRO.

- _____ Requested training is required to perform current duties and/or for mission accomplishment.
- _____ Attending requested training in military status is not appropriate.
- _____ Cost comparison has been conducted between requested vendor and other vendors conducting same training. Requested training is the most efficient use of funds to accomplish goal. Use format below to verify cost comparison.

Example:

REQUESTED VENDOR

Vendor Name: New Horizons
Course title: Front Page '98 Begin-Adv.
Tuition: \$340
Travel/Per Diem: \$0

OTHER VENDOR

Vendor Name: NGPEC
Course Name: Front Page '98
Tuition: \$0
Travel/Per Diem: \$375

REQUESTED VENDOR

Vendor Name: _____
Course Title: _____
Tuition \$ _____
Travel/Per Diem \$ _____

OTHER VENDOR

Vendor Name : _____
Course Title: _____
Tuition \$ _____
Travel/Per Diem \$ _____

- _____ Employee meets criteria and prerequisites necessary for course. EX: Individual is a current OMS/UTES supervisor attending the OMS/UTES supervisor course at PEC
- _____ No cost comparison necessary. Only vendor offering training

Supervisor Name

Phone Number

Supervisor Signature

Title

If you have any questions concerning this form, please call (602) 267-2677, DSN 853-2677
or (602) 267-2861, DSN 853-2861

X 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./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. TELEPHONE NUMBERS (Include area code)		8. POSITION TITLE		
	a. Home	b. Office		9. POSITION LEVEL (X one)	
11. ORGANIZATION NAME	(1) Commercial		a. Executive		
	(2) DSN		b. Manager		
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)	13. ORGANIZATION UIC		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					
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)				19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY	
				a. Name	
				b. Mailing Address (Include ZIP Code)	
				c. Location of Training Site (If other than 19b)	
20. COURSE CODES					
a. Purpose	f. Security Clearance	k. Training Program		21. COURSE HOURS (4 digits)	
b. Type	g. Allocation Status	l. Reason for Selection		22. COURSE IDENTIFIERS	
c. Source	h. Priority	23. TRAINING PERIOD (YYYYMMDD)		a. Duty	a. SAID
d. Special Interest	i. Training Level	a. Start	b. Non-duty	b. Catalog/Course No.	
e. Training Vendor	j. Method of Training	b. Complete	c. TOTAL	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 →					
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.				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 (YYYYMMDD)		c. Signature & Title		d. Date (YYYYMMDD)	
34. AUTHORIZING OFFICIAL				35. COURSE ACCEPTANCE (To be completed by school official)			
a. Action (X one) →		(1) Approved	(2) Disapproved	a. Accepted	c. School Official Signature		d. Date (YYYYMMDD)
b. Typed Name (Last, First, Middle Initial)		c. Phone Number (Include area code)		b. Not Accepted			
d. Signature & Title		e. Date (YYYYMMDD)		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. →		b. Actual Completion Date (YYYYMMDD)	
				d. Signature & Title		c. Grade	
						e. Date (YYYYMMDD)	
38. CERTIFYING GOVERNMENT OFFICIAL							
a. I certify that this account is correct and proper for payment in the amount of: \$							
b. Signature & Title				c. Date Signed (YYYYMMDD)			
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: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

PRINCIPAL PURPOSE(S): To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

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.

f. Period of obligated service:	(1) From (Enter date (YYYYMMDD))	(2) To (Enter date (YYYYMMDD))
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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 (YYYYMMDD)
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6. HOME ADDRESS <i>(Street, City, State and ZIP Code) (optional)</i>	7. TELEPHONE NUMBERS <i>(Include area code)</i>		8. POSITION TITLE		
	a. Home		9. POSITION LEVEL <i>(X one)</i>		
b. Office		10. PAY PLAN/SERIES/GRADE/STEP <i>(Rank/MOS/AFSC/or Navy Designator)</i>			
11. ORGANIZATION NAME	(1) Commercial		a. Executive		
	(2) DSN		b. Manager		
12. ORGANIZATION MAILING ADDRESS <i>(Include ZIP Code)</i>	13. ORGANIZATION UIC		c. Supervisory		
	16. ARE YOU HANDICAPPED OR DISABLED? <i>(X one)</i>		d. Non-Supervisory		
	Yes		14. TYPE OF APPOINTMENT		
	No		e. Other <i>(Specify)</i>		
	15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS				

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE					
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				a. Name	
				b. Mailing Address <i>(Include ZIP Code)</i>	
				c. Location of Training Site <i>(If other than 19b)</i>	
20. COURSE CODES					
a. Purpose	f. Security Clearance	k. Training Program		21. COURSE HOURS <i>(4 digits)</i>	
b. Type	g. Allocation Status	l. Reason for Selection			
c. Source	h. Priority	23. TRAINING PERIOD <i>(YYYYMMDD)</i>		a. Duty	22. COURSE IDENTIFIERS
d. Special Interest	i. Training Level	a. Start		b. Non-duty	a. SAID
e. Training Vendor	j. Method of Training	b. Complete		c. TOTAL	b. Catalog / Course No.
					c. Offering / TLN

SECTION H - EVALUATION

PART I *(To be completed by trainee)*

48. WAS COURSE COMPLETED? <i>(X one)</i>	49. ACTUAL COURSE DATES		50. ACTUAL COURSE HOURS		51. ACADEMIC GRADE/SCORE
a. Yes	a. Commenced <i>(YYYYMMDD)</i>	b. Completed <i>(YYYYMMDD)</i>	a. Duty	b. Non-duty	
b. No <i>(Return this form with a memo explaining circumstances)</i>					
52. WERE ALL SESSIONS ATTENDED? <i>(X one)</i>					
a. Yes					
b. No <i>(Explain)</i>					

AREAS OF EVALUATION

X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a 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 JOB	A = Significant	B = Adequate	C = Insignificant
62. FACILITIES	A = Excellent	B = Good	C = Poor
63. RECOMMENDATION TO COLLEAGUES	A = Highly recommend	B = Recommend	C = Not recommended
64. MEET CAREER DEVELOPMENT PLANS	A = Yes	B = No	C = Not applicable

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
(YYYYMMDD)

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

71. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THE EMPLOYEE? *(X one)*

Yes

No

72. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

73. ADDITIONAL COMMENTS

74.a. SIGNATURE OF SUPERVISOR

b. Date Signed
(YYYYMMDD)

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