

EXAMPLE

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING			A. Agency, code agency subelement and submitting office number		B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
Section A - TRAINEE INFORMATION Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) SMITH, John			2. Social Security Number/Federal Employee Number 123-45-6789		3. Date of Birth (yyyy-mm-dd) 1970-08-28	
4. Home Address (Number, Street, City, State, ZIP Code) (Optional) 111 Army Drive Washington, DC 22222			5. Home Telephone (Optional) (Include Area Code) 123-456-7899		6. Position Level (Mark (X) one) <input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive	
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) G8, US Army Garrison Fort Belvoir, VA 22222			8. Office Telephone (Include Area Code and Extension) 123-456-7888		9. Work Email Address john.smith@us.army.mil	
10. Position Title Budget Analyst		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below		
12. Type of Appointment C		13. Education Level (click link to view codes or go to page 7) 13		14. Pay Plan YA	15. Series 501	16. Grade 02
Section B - TRAINING COURSE DATA						
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) Syracuse University 721 University Avenue Syracuse, NY 13244				1b. Location of Training Site (if same, mark box) <input checked="" type="checkbox"/>		
				1c. Vendor Telephone Number (315) 443-2898		1d. Vendor Email Address jtellis@syr.edu
2a. Course Title Master of Business Administration (DCP)		2b. Course Number Code MA52M	3. Training Start Date (Enter Date as yyyy-mm-dd) 2010-05-26		4. Training End Date (Enter Date as yyyy-mm-dd) 2011-08-05	
5. Training Duty Hours 2240		6. Training Non-Duty Hours 0		7. Training Purpose Type (Click link to view codes or go to page 9) 3		8. Training Type Code (Click link to view codes or go to page 9) 1
9. Training Sub Type Code (Click link to view codes or go to page 9) 13		10. Training Delivery Type Code (Click link to view codes or go to page 12) 1		11. Training Designation Type Code (Click link to view codes or go to page 13) 2	12. Training Credit 1.5	13. Training Credit Type Code (Click link to view codes or go to page 13) 1
14. Training Accreditation Indicator (Check below) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd) 2015-02-05		17. Training Source Type Code (Click link to view codes or go to page 13) 3
18. Training Objective Obtain Master level civilian education in Business Administration.					19. AGENCY USE ONLY	
Section C - COSTS AND BILLING INFORMATION						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund	
a. Tuition and Fees	\$ 23554		a. Travel	\$		
b. Books & Material Costs	\$		b. Per Diem	\$		
c. TOTAL	\$ 23554		c. TOTAL	\$		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS (Furnish invoice to): This will auto-populate by the RASS system to G-3/7 TRV			
4. Document / Purchasing Order / Requisition Number This will auto-populate by the RASS System						
5. 8 - Digit Station Symbol (Example - 12-34-5678)						

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7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) G8, US Army Garrison Fort Belvoir, VA 22222			8. Office Telephone (Include Area Code and Extension) 123-456-7888			9. Work Email Address john.smith@us.army.mil		
10. Position Title Budget Analyst		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below				
12. Type of Appointment C		13. Education Level (click link to view codes or go to page 7) 13		14. Pay Plan YA	15. Series 501	16. Grade 02	17. Step	
Section B - TRAINING COURSE DATA								
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) Syracuse University 721 University Avenue Syracuse, NY 13244				1b. Location of Training Site (if same, mark box) <input checked="" type="checkbox"/>				
				1c. Vendor Telephone Number (315) 443-2898		1d. Vendor Email Address jtellis@syr.edu		
2a. Course Title Executive Master Public Administration (DCP)		2b. Course Number Code EXO3M		3. Training Start Date (Enter Date as yyyy-mm-dd) 2010-05-26		4. Training End Date (Enter Date as yyyy-mm-dd) 2011-08-05		
5. Training Duty Hours 2240		6. Training Non-Duty Hours 0		7. Training Purpose Type (Click link to view codes or go to page 9) 3		8. Training Type Code (Click link to view codes or go to page 9) 1		
9. Training Sub Type Code (Click link to view codes or go to page 9) 13		10. Training Delivery Type Code (Click link to view codes or go to page 12) 1		11. Training Designation Type Code (Click link to view codes or go to page 13) 2		12. Training Credit 1.5	13. Training Credit Type Code (Click link to view codes or go to page 13) 1	
14. Training Accreditation Indicator (Check below) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd) 2015-02-05		17. Training Source Type Code (Click link to view codes or go to page 13) 3		
18. Training Objective Obtain Master level civilian education in Public Administration. \$3,500 fee included below is for Special Education Services Fee.					19. AGENCY USE ONLY			
Section C - COSTS AND BILLING INFORMATION								
1. Direct Costs and Appropriation / Fund Chargeable				2. Indirect Costs and Appropriation / Fund Chargeable				
Item		Amount	Appropriation Fund	Item		Amount	Appropriation Fund	
a. Tuition and Fees		\$ 19196		a. Travel		\$		
b. Books & Material Costs		\$		b. Per Diem		\$		
c. TOTAL		\$ 19196		c. TOTAL		\$		
3. Total Training Non-Government Contribution Cost				6. BILLING INSTRUCTIONS (Furnish invoice to): This will auto-populate by the RASS system to G-3/7 TRV				
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