



National Aeronautics and Space Administration
Goddard Space Flight Center
 Greenbelt, Maryland 20771

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

OFFICE USE ONLY

SECTION I - INITIATING OFFICE

1. <input type="checkbox"/> NAME OF APPLICANT (<i>Last, First, M.I.</i>)		2. CODE OF APPLICANT	
3. <input type="checkbox"/> JOB TITLE	4. TEL. EXT.	5. FAX NUMBER	6. E-MAIL ADDRESS
7. <input type="checkbox"/> POSITION LEVEL <input type="checkbox"/> A. NON-SUPERVISORY <input type="checkbox"/> B. SUPERVISORY		8. FUNDING SOURCE <input type="checkbox"/> DIRECTORATE <input type="checkbox"/> CENTER <input type="checkbox"/> NASA <input type="checkbox"/> OTHER (e.g., R&D etc.) _____	

IF TRAINING IS OFF-SITE COMPLETE ITEMS 9-13 (otherwise skip items 9-13)

9. <input type="checkbox"/> NAME OF ORGANIZATION CONDUCTING TRAINING	10. LOCATION OF TRAINING (<i>City & State</i>)
11. <input type="checkbox"/> ADDRESS (<i>Including ZIP Code</i>), PHONE AND FAX NUMBERS OF ORGANIZATION TO WHICH NASA SHOULD <input type="checkbox"/> SEND PAYMENT	
12. TRAINING COSTS A. TUITION _____ B. BOOKS _____ C. FEES/OTHER _____ D. TRAINING TOTAL _____	
13. TRAVEL COSTS A. TRAVEL _____ B. PER DIEM _____ C. OTHER _____ C. TRAVEL TOTAL _____	

14. <input checked="" type="checkbox"/> IF THIS COURSE IS ON-SITE AND YOU REQUIRE SPECIAL ACCOMMODATIONS, PLEASE CHECK HERE <input type="checkbox"/>	
15. <input type="checkbox"/> COURSE TITLE (<i>If off-site attach a copy of the course description and the cost information</i>)	16. CATALOG/COURSE # (<i>If applicable</i>)
17. <input type="checkbox"/> COURSE LEVEL (<i>Mark (X) one only</i>) <input type="checkbox"/> A. NON - ACADEMIC <input type="checkbox"/> B. GRADUATE <input type="checkbox"/> C. UNDERGRADUATE <input type="checkbox"/> D. SECONDARY ACADEMIC	
18. <input type="checkbox"/> CENTER-FUNDED ACADEMIC PROGRAMS (<i>Please indicate if course is part of any of the following</i>) <input type="checkbox"/> A. USP <input type="checkbox"/> B. PTGSP <input type="checkbox"/> C. RSFP <input type="checkbox"/> D. WRI <input type="checkbox"/> E. COOP <input type="checkbox"/> F. OTHER	
19. <input type="checkbox"/> COURSE DATES (<i>Mo., day, yr.</i>) A. From _____ A. To _____	20. <input type="checkbox"/> NO. OF COURSE HOURS A. DURING DUTY B. NON-DUTY
21. <input type="checkbox"/> IF ACADEMIC, NUMBER OF CREDITS	

22. <input type="checkbox"/> JUSTIFICATION FOR TRAINING <input type="checkbox"/> RELATED TO CURRENT/FUTURE JOB DUTIES <input type="checkbox"/> RELATED TO NASA MISSION <input type="checkbox"/> OTHER (<i>Brief justification required; you may attach separate document</i>)
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SECTION II - RECOMMENDED APPROVALS AND SIGNATURES

<i>NOTICE - If training is Academic signature at right (item 23) constitutes an agreement to continue in service, per conditions on reverse ▶</i>		23. <input type="checkbox"/> SIGNATURE OF APPLICANT	24. <input type="checkbox"/> DATE
25. NAME AND TITLE OF IMMEDIATE SUPERVISOR		26. <input type="checkbox"/> SIGNATURE	27. <input type="checkbox"/> DATE
28. NAME AND TITLE OF SECOND LEVEL SUPERVISOR		29. <input type="checkbox"/> SIGNATURE	30. <input type="checkbox"/> DATE
31. NAME OF DIRECTORATE TRAINING COORDINATOR	32. FAX#	33. <input type="checkbox"/> SIGNATURE	34. <input type="checkbox"/> DATE

SECTION III - GODDARD TRAINING/PROCUREMENT OFFICE

35. TRAINING APPROVED <input type="checkbox"/> A. YES <input type="checkbox"/> B. NO	36. AMOUNT	37. <input type="checkbox"/> SIGNATURE OF TRAINING OFFICIAL	38. <input type="checkbox"/> DATE
39. SAP ENTRY A. INITIALS B. DATE	40. SENT TO ACCOUNTING A. INITIALS B. DATE	41. <input type="checkbox"/> SIGNATURE OF CONTRACTING OFFICER	42. <input type="checkbox"/> DATE
43. COST CTR _____ ORDER _____ FUND _____	44. DOCUMENT/PURCHASE ORDER NO.		
46. AUTHORIZED REIMBURSEMENT AMOUNT UP TO		45. CREDIT CARD <input type="checkbox"/> PAYMENT _____ INITIALS _____ DATE _____	47. PPC
49. VENDOR ID	50. CAGE CODE	48. BILLING INSTRUCTIONS (<i>Furnish invoice to</i>): <input type="checkbox"/> NASA Goddard Space Flight Center <input type="checkbox"/> Career Development & Emp. Worklife Office, Code 114 <input type="checkbox"/> Greenbelt Road, Greenbelt MD 20771	

PRIVACY ACT NOTICE

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for and as amended individuals completing Federal nomination for training forms.

AUTHORITY - The Government Employees Training Act of 1953 (U.S. Code, Title 5, Sections 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 document 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 included in the Government's Central Personnel Data File.

Effect of Nondisclosure - Personal information provided on this form is given on a voluntary basis, as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

OBLIGATED SERVICE AGREEMENT

For all NASA-funded academic training, employees incur a period of obligated service equal to three times the length of the training. This means that the employee agrees to remain in the employment of NASA for the obligated service period, which begins at the conclusion of the course. Time spent attending the class during non-duty hours and time granted off from work is counted in the total hours of training. (However, if an employee attends class during duty time granted off from work, class time is not counted).

EXAMPLE:

Employee attends a three-credit course during duty hours, and receives 8 hours off per week to attend class and study/prepare class assignments.

8 hours X 15 weeks = 120 hours off for the semester

120 X 3 = 360 hours (this is the period of obligated service)

Obligated service period begins at the conclusion of the semester in which the course occurs.

REIMBURSEMENT:

If an employee fails to complete the period of obligated service, he or she is obligated to pay back a proportional share of training funds expended.

EXAMPLE CONTINUED:

Employee works off 180 hours of the 360 hours obligation. The employee therefore owes 50% of the training funds expended.