

**AUTHORIZATION, AGREEMENT  
AND CERTIFICATION OF TRAINING**

A. Agency, code agency subelement,  
and submitting office number

B. Request Status (Mark (X) one)  
 Resubmission  Initial  
 Correction  Cancellation

**Section A - TRAINEE INFORMATION**  
Please read instructions on page 6 before completing this form

1. Applicant's name (Last-First-Middle Initial) <b>Smith, Michael</b>		2. Social Security Number		3. Date of birth (Year and month)	
4. Home Address (Number, street, city, State, ZIP code) <b>1111 Connecticut Ave NW Washington DC 20036</b>		5. Home Telephone <b>555-555-5555</b>		6. Position Level (Mark (X) one only) <input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency) <b>1111 Florida Ave NW Washington DC 20036</b>		8. Office Telephone <b>555-555-5555</b>		9. Work Email Address <b>smith.michael11@brookings.edu</b>	
10. Position Title <b>Program Analyst</b>		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level (click link to view codes or go to page 7)	14. Pay Plan <b>GS</b>	15. Series	16. Grade <b>13</b>	17. Step

**Section B - TRAINING COURSE DATA**

1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) <b>WASHU AT BROOKINGS OR WASHINGTON UNIVERSITY 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 20036-2103</b>		1b. Location of Training Site (if same, mark box) <input type="checkbox"/>	
1c. Vendor Telephone Number <b>202-797-6276</b>		1d. Vendor Email Address <b>registrar@brookings.edu</b>	
2a. Course Title	2b. Course Number Code <b>N/A</b>	3. Training Start Date (Enter Date as yyyy-mm-dd)	4. Training End Date (Enter Date as yyyy-mm-dd)
5. Training Duty Hours		6. Training Non-Duty Hours	
7. Training Purpose Type (Click link to view codes or go to page 13)		8. Training Type Code	
9. Training Sub Type Code	10. Training Delivery Type Code (Click link to view codes or go to page 12)	11. Training Designation Type Code (Click link to view codes or go to page 13)	12. Training Credit
13. Training Credit Type Code (Click link to view codes or go to page 13)		14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)	
17. Training Source Type Code (Click link to view codes or go to page 13)		18. Training Objective	
19. AGENCY USE ONLY		<p><b>Section B1a. Vendor Name MUST be listed as either "WashU at Brookings" OR "Washington University".</b> <b>"Brookings Institution" or "Brookings Institute" is not acceptable.</b></p> <p><b>DUNS: 068552207</b> <b>TAX ID: 43-0653611</b></p>	

**Section B1c and B1d.**  
**Preferred vendor contact information.**

**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	\$ <b>1995.00</b>		a. Travel	\$	
b. Books & Material Costs	\$ <b>0.00</b>		b. Per Diem	\$	
c. TOTAL	\$ <b>1995.00</b>		c. TOTAL	\$	
3. Total Training NonGovernment Contribution Cost			6. BILLING INSTRUCTIONS		
4. Document / Purchasing Order / Requisition Number <b>TD213956598</b>			<p><b>Attn: Michael Smith</b> <b>1111 Florida Ave NW</b> <b>Washington DC 20036</b></p> <p><b>Section C6:</b> <b>A physical billing address is required in C6. If possible, please also include an email address for the billing contact and/or invoicing.</b></p>		
5. 8 - Digit Station Symbol (example - 12- <b>Section C4:</b> <b>PO Number is required and must be listed in C4.</b>					

**Section D - APPROVALS**

1a. Immediate Supervisor - Name and Title

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

2a. Second-line Supervisor - Name and Title

2b. Area Code / Telephone Number

2c. Email Address

2d. Signature

2e. Date

3a. Training Officer - Name and Title

3b. Area Code / Telephone Number

3c. Email Address

3d. Signature

3e. Date

**Section D:**  
Approvals Section **MUST** be completed with authorization signatures in order to be submitted for registrations.



**Section E - APPROVALS / CONCURRENCE**

1a. Authorizing Official - Name and Title

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

Approved  Disapproved

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**

1a. Authorizing Official - Name and Title

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

TRAINING FACILITY - Bills should be sent to office indicated in item C6. | Please refer to number given in item C4 to assure prompt payment.