

Sample SF-182 for WashU at Brookings

Section A – Trainee Information

 UEI: L6FUM28LQM5 DUNS: 068552207 TAX ID: 43-0653611 CAGE: 2B003	2. Social Security Number (###-##-####) (Agency Use Only)		3. Date of Birth (Enter Date as yyyy-mm-dd) (Agency Use Only)	
	5. Home Telephone (Optional) <i>(Include Area Code)</i>		6. Position Level <i>(See page 4 for additional instructions)</i>	
	8. Office Telephone <i>(Include Area Code and Extension)</i>		9. Work Email Address	
11. Does applicant need special accommodation? WashU at Brookings is an affiliate of the Brookings Institution. Please do not list Brookings		If yes, please describe the requirements below		
14. Pay Plan	15. Series	16. Grade	17. Step	

Section B – Training Course Data

1a. Name and Mailing Address of Training Vendor <i>(No., Street, City, State, ZIP Code)</i> Washington University, 1 Brookings Drive, St. Louis, MO		1.b Location of Training Site <i>(if different from 1a)</i> WashU at Brookings, 1776 Massachusetts Ave, NW, DC		
1c. Vendor Telephone Number (202) 797-6276	1d. Vendor Email Address registrar@brookings.edu	1e. Vendor website brookings.edu/ washu-at-brookings/	1f. Vendor Point-of-Contact (POC) Erin Lourie, registrar	
2a. Course Title	2b. Course Number Code	3. Training Start Date <i>(Enter Date as yyyy-mm-dd)</i>	4. Training End Date <i>(Enter Date as yyyy-mm-dd)</i>	
5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type <i>(See page 6 for additional instructions)</i>	8. Training Type Code <i>(See page 6 for additional instructions)</i>	
9. Training Sub Type Code <i>(See page 6 for additional instructions)</i>	10. Training Delivery Type Code <i>(See page 8 for additional instructions)</i>	11. Training Designation Type Code	12. Training Credit	13. Training Credit Type Code
14. Training Accreditation Indicator	15. Continued Service Agreement Required Indicator (Agency Use Only) <i>(See page 8 for additional instructions)</i>	16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	17. Training Source Type Code <i>(See page 8 for additional instructions)</i>	18. Individual or Group Training
19. Student/ Membership ID		20. Skill Learning Objective		
		21. Agency Use Only <i>(For use by agency as needed)</i>		

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 \$			a. Travel \$	
b. Books & Material Costs \$	0		b. Per Diem \$	
c. Total \$			c. Total \$	
3. Total Training Non-Government Contribution Cost		6. Billing Instructions <i>(Furnish invoice to)</i> Please include: <ul style="list-style-type: none"> • contact name and email for billing and/or invoicing • URL for vendor system (e.g. IPP) • Mailing address 		
4. Document/Purchasing Order/Requisition Number Document number required				
5. 8-Digit Station Symbol <i>(Example: 12-34-5678)</i>				

Section D – Approvals

Complete the appropriate number of approvals your agency requires (e.g. first, second, and/or third level approval) before submission of this form to the Agency Training Office.

1a. Immediate Supervisor/First-line Supervisor (*Name and Title*)

Approvals section must be completed

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date (*Enter Date as yyyy-mm-dd*)

2a. Second-line Supervisor (*Name and Title*)

2b. Telephone Number (*Include Area Code and Extension*)

2c. Email Address

2d. Signature

2e. Date (*Enter Date as yyyy-mm-dd*)

3a. Training Officer (*Name and Title*)

3b. Telephone Number (*Include Area Code and Extension*)

3c. Email Address

3d. Signature

3e. Date (*Enter Date as yyyy-mm-dd*)

Section E – Approvals/Concurrence

To be completed by the nominating Agency Official authorized to approve or disapprove training requests.

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date

Section F – Certification of Training Completion and Evaluation*

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

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.

* Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.202. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.