

To: Employee & Organization Development Department

REQUEST FOR APPROVAL OF TRAINING

PART I - TO BE COMPLETED BY THE INITIATING ORGANIZATION

1. NAME OF EMPLOYEE (Last, First, MI):		2. SOCIAL SECURITY NO.:	3. E-MAIL ADDRESS:	
4. APPLICANT IS: (See Instructions) <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> DISABLED	5. SPECIAL ASSISTANCE NEEDED: <input type="checkbox"/> (Explain in Block 26)	6. JOB TITLE:		
7. ORGANIZATION SYMBOL:	8. OFFICE PHONE NO.:	9. NAME OF SUPERVISOR:	10. PREPARED BY (Name and Phone No.):	
11. COURSE TITLE:		12. DATE COURSE BEGINS (mm/dd/yyyy):	13. DATE COURSE ENDS (mm/dd/yyyy):	
14. NAME OF TRAINING VENDOR:		15. VENDOR POC:	16. VENDOR PHONE NUMBER:	
17. COURSE NUMBER:	18. LOCATION OF TRAINING (MSFC or City and State):	19. NUMBER OF <input type="checkbox"/> CREDIT OR <input type="checkbox"/> CEU		
20. TRAINING HOURS		21. TRAVEL ESTIMATE:	22. TRAINING COSTS:	
ON DUTY:	OFF DUTY:	TOTAL HOURS:		

23. THE PRINCIPAL PURPOSE FOR THE EMPLOYEE ATTENDING THE COURSE IS THE FOLLOWING (Check One Only):

<input type="checkbox"/> Mission or Program Changes	<input type="checkbox"/> Improve Present Performance	<input type="checkbox"/> Engage in Trade or Craft	<input type="checkbox"/> Required Training
<input type="checkbox"/> New Technology	<input type="checkbox"/> To Meet Future Staffing Needs	<input type="checkbox"/> Orientation	
<input type="checkbox"/> New Work Assignments	<input type="checkbox"/> To Develop Unavailable Skills	<input type="checkbox"/> Attend Adult Basic Education	

24. COURSE DESCRIPTION: (PLEASE INCLUDE VENDOR WEB ADDRESS AND ATTACH A COPY OF TRAINING/CONFERENCE BROCHURE).

25. RELATE COURSE TO OFFICIAL DUTIES AND RESPONSIBILITIES:

26. SPECIAL ASSISTANCE NEEDED: (PLEASE EXPLAIN)

NOTE: Course registrations with the vendor (excluding academic studies) must be made by Employee & Organization Development Department (EODD) personnel only. Employees who self-register are liable for payment. Only EODD can obligate MSFC for payment to training vendors.

27. **EMPLOYEE OBLIGATION AGREEMENT: The undersigned agrees to comply with the obligation agreement and the conditions relating to the Privacy Act.**

28. SIGNATURE OF EMPLOYEE:		29. DATE:	
30. SUPERVISOR'S TITLE:	31. ORGANIZATION:	32. APPROVAL OF SUPERVISOR (Signature):	33. DATE:

PART II - FOR EMPLOYEE & ORGANIZATION DEVELOPMENT DEPARTMENT USE ONLY

34. APPROVED (Signature and Date):

EMPLOYEE OBLIGATION AGREEMENT

1. I agree that after I have completed training, which exceeds 80 hours in a non-Government facility, as described on the reverse side, which is furnished to me at Government expense, I will return to regular duty serving in the National Aeronautics and Space Administration and serve for a period of not less than three times the length of training, or an equal period of time or one month, whichever is greater, if given during off-duty hours, unless I am involuntarily separated.
2. If I fail to satisfactorily complete the training, for which expenses have been paid by MSFC, due to personal reasons, I will pay to the Government all additional expenses (except salary) incurred in connection with the training unless my reasons for failing to satisfactorily complete the training are acceptable to MSFC, and a waiver has been granted by an MSFC official to whom this authority is delegated.
3. If I voluntarily leave NASA before completion of the obligated period of service and do not immediately enter the service of another Federal agency, I agree to reimburse NASA for that portion of the tuition and related fees, travel, and other special expenses (excluding salary) paid in connection with my training, which does not exceed the proportion of the obligation agreement not completed.
4. I understand that if I voluntarily leave NASA to enter the service of another Federal agency or other organization in any branch of the Government before completing this period of service, NASA will notify me if a determination has been made to recover training costs from me. I understand this notification must take place, and will, before the transfer date to the other Government agency. I understand that if I receive advance notice I am obligated to pay NASA the amount of additional expenses incurred in connection with the training covered by this agreement. If a determination is made that I am obligated to pay training costs to NASA, I understand that I have a right to appeal this decision.
5. I understand that any amounts which may be due NASA as a result of any failure on my part to meet the terms of this agreement may, unless recovery is waived by NASA, be withheld from any monies owed me by the Government or may be recovered by such other methods as are provided by law.
6. I agree to notify my immediate supervisor and request that he notify the Manager, Employee and Organizational Development Department through channels, of any changes in my training (reschedule, course drops or changes, withdrawals, etc.) prior to such changes or with 48 hours after such change.

PRIVACY ACT STATEMENT

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

AUTHORITY - The Government Employees Training Act of 1958 (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.

EFFECTS 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.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) - Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

SPECIFIC INSTRUCTIONS

PART I, ITEM 4 - If the applicant is disabled or handicapped and in need of special arrangements (Brailing, taping, interpreters, facility accessibility, etc.) describe the special arrangement on a separate sheet and attach to this form. NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors, as applicable.