

INSTRUCTIONS FOR PREPARING THE STANDARD FORM 182 (Revised December 2006)
AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING, U.S. OFFICE OF
PERSONNEL MANAGEMENT

The procedures listed below address each block of the SF 182 and discuss specific information to be inserted/omitted.

BLOCK

INSTRUCTIONS

A. Agency, code agency subelement and submitting office number

Enter-NV-11-2418; e.g., NV (Navy) 11 (claimancy) 2418 (servicing personnel office number for HRSC PACIFIC)

B. Request Status

Place an "X" in Initial box or other appropriate box.

SECTION A – TRAINEE INFORMATION

1. Applicant's Name

Enter trainee's name (last, first, middle initial).

2. Social Security Number/Federal Employee Number

Enter trainee's Federal Employee Number if required for internal purposes.

3. Date of Birth

Enter trainee's date of birth (format yyyy-mm-dd) ONLY WHEN required by the government Officials.

4. Home Address

Enter trainee's home address only when required by vendor.

5. Home Telephone

Enter trainee's home phone number only when required by vendor.

6. Position Level

Place an "X" in the appropriate box to indicate the status of the trainee.

7. Organization Mailing Address

Enter mailing address of requesting activity. Include office code or symbol of requesting organizational unit or activity designated point of contact.

8. Office Telephone

Enter phone number of initiating Department/Office or activity-designated point of contact.

9. Work Email Address

Enter email address of initiating Department/Office or activity-designated point of contact.

10. Position Title Enter trainee's position title.
11. Does applicant need special accommodation? Place an "X" in the appropriate box. If yes, enter description of required accommodation.
12. Type of Appointment Enter trainee's type of appointment:
 Career Conditional – CC
 Career – C
 Temporary – T
 Intermittent – I
 Excepted – E
13. Education Level Enter only when required by vendor.
14. Pay Plan Enter trainee's pay plan (e.g., GS or WG or NSPS Pay Schedule such as YA, etc.)
15. Series Enter trainee's series (e.g., 0301 or 5823)
16. Grade Enter trainee's grade or Pay Band (e.g., 05 or 01)
17. Step Enter trainee's step (e.g., 01). If NSPS, leave blank.

SECTION B – TRAINING COURSE DATA

- 1a. Name and Mailing Address of Training Vendor Enter name and mailing address of training source/school or facility.
- 1b. Location of Training Site Enter the actual location of the training site if different from 1a. If same as 1a, mark box.
- 1c. Vendor Telephone Number Enter phone number of vendor.
- 1d. Vendor Email Address Enter email address of vendor.
- 2a. Course Title Enter complete course title from training vendor/facility announcement.
- 2b Course Number Code Enter 5-digit SAID number.
3. Training Start Date Enter starting date of the training (format yyyy-mm-dd).
4. Training End Date Enter ending date of the training (format yyyy-

mm-dd)

5. Training Duty Hours Enter number of course hours on government time.
6. Training Non-Duty Hours Enter number of course hours on nongovernment time.
7. Training Purpose Type Enter one of the following 2-digit numeric codes indicating the reason for the training:
- 01 -- Program/Mission
 - 02 – New Work Assignment
 - 03 – Improve/Maintain Present Performance
 - 04 – Future Staffing Needs
 - 05 – Develop Unavailable Skills
 - 06 – Retention
8. Training Type Code Enter one of the following 2-digit numeric codes indicating training type area:
- 01 – Training Program Area
 - 02 – Developmental Training Area
 - 03 -- Basic Training Area
9. Training Sub-Type Code Enter one of the following 2-digit numeric codes indicating training sub-type:
- The following corresponds to Training Type Code 01:
- 01 – Legal
 - 02 – Medical and Health
 - 03 – Scientific
 - 04 – Engineering or Architecture
 - 05 – Human Resources
 - 06 – Budget/Finance Business Administration
 - 07 – Planning and Analysis
 - 08 – Information Technology
 - 09 – Project Management
 - 10 – Acquisition
 - 11 – Logistic Specialty
 - 12 – Security
 - 13 – Clerical
 - 14 – Trade and Craft
 - 15 – Foreign Affairs
 - 16 – Leadership/Manager/Communication

The following corresponds to Training Type Code 02:

- 20 – Presupervisory Program
- 21 – Supervisory Program
- 22 – Management Program
- 23 – Leadership Development Program
- 24 – SES Candidate Development
- 25 – Executive Development
- 26 – Mentoring Program
- 27 – Coaching Program

The following corresponds to Training Type Code 03:

- 30 – Employee Orientation
- 31 – Adult Basic Education
- 32 – Federally Mandated Training
- 33 – Work-life
- 34 – Soft Skills
- 35 – Agency Required Training

10. Training Delivery Type Code

Enter one of the following 2-digit numeric codes indicating delivery type:

- 01 – Traditional Classroom
- 02 – On the Job
- 03 – Technology Based
- 04 – Conference/workshop
- 05 – Blended
- 06 – Correspondence

11. Training Designation Type Code

Enter one of the following 2-digit numeric codes indicating appropriate training credit designation:

- 01 – Undergraduate Credit
- 02 – Graduate Credit
- 03 – Continuing Education Credit
- 04 – Post Graduate Credit
- 05 -- N/A

12. Training Credit

Enter amount of academic credit hours of continued education units earned by the employee for the completed training.

13. Training Credit Type Code

Enter one of the following 2-digit numeric codes indicating the appropriate training credit.

- 01 – Semester Hours
- 02 – Quarter Hours
- 03 – Continuing Education Unit

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| 14. Training Accreditation Indicator | Place an "X" in the appropriate box. |
| 15. Continued Service Agreement | Place an "X" in the appropriate box. |
| 16. Continued Service Agreement Expiration Date | Enter expiration date of Continued Service Agreement (format yyyy-mm-dd). |
| 17. Training Source Type Code | Enter one of the following 2-digit numeric codes indicating the appropriate training source:

<ul style="list-style-type: none"> 01 – Government Internal 02 – Government External 03 – Non-government 04 – Government State/Local 05 – Foreign Governments and Organizations |
| 18. Training Objective | Enter the objectives for sending the employee to this particular training event. |
| 19. Agency Use Only | Enter one of the following Priority codes.

<ul style="list-style-type: none"> 1 – Mandatory/Critical 2 – Essential 3 – Recommended |

SECTION C – COSTS AND BILLING INFORMATION

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| 1a. Tuition and Fees | Enter the tuition cost/registration fee. |
| 1b. Books & Material Costs | Enter costs of all books, materials or other (laboratory fees, etc.) cost. |
| 1c. Total | Enter total of 1a and 1b. |
| 2a. Travel | Enter travel costs. |
| 2b. Per Diem | Enter per diem and other costs (meals, lodging, miscellaneous expenses, etc.) |
| 2c. Total | Enter total of 2a and 2b. |
| 3. Total Training Non-Government Contribution Cost | Enter cost contributed by employee or other non-Government organization. |

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| 4. Document/Purchasing Order/Requisition Number | Enter Document/Purchase Order/Requisition number for reimbursement of training costs to vendor. |
| 5. 8- Digit Station Symbol | Enter 8-digit station symbol of the nominating Agency Finance Office. |
| 6. Billing Instructions | Enter the name and mailing address of nominating Agency Finance Office, the statement "Payment by government purchase card", the cardholder's name, credit card number, expiration date and phone number of the cardholder. |

SECTION D – APPROVALS

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| 1a. Immediate Supervisor | Enter name and title of immediate supervisor. |
| 1b. Area Code/Telephone Number | Enter immediate supervisor's phone number. |
| 1c. Email Address | Enter immediate supervisor's email address. |
| 1d. Signature | Signature of immediate supervisor |
| 1d. Date | Enter date of immediate supervisor's signature. |
| 2a. Second-line Supervisor | Enter name and title of second-level supervisor. |
| 2b. Area Code/Telephone Number | Enter second-level supervisor's phone number. |
| 2c. Email Address | Enter second-level supervisor's email address. |
| 2d. Signature | Signature of second-level supervisor |
| 2e. Date | Enter date of second-level supervisor's signature. |
| 3a. Training Officer | Enter name and title of training officer. |
| 3b. Area Code/Telephone Number | Enter training officer's phone number. |
| 3c. Email Address | Enter training officer's email address. |
| 3d. Signature | Signature of training officer. |
| 3e. Date | Enter date of training officer's signature. |

SECTION E – APPROVALS/CONCURRENCE

- 1a. Authorizing Official Enter name and title of Financial/Funding Officer or other Authorizing Official
- 1b. Area Code/Telephone Number Enter authorizing official's phone number.
- 1c. Email Address Enter authorizing official's email address.
- 1d. Signature Signature of authorizing official. Place an "X" in the appropriate box, approved or disapproved.
- 1e. Date Enter date of authorizing official's signature.

SECTION F – CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

- 1a. Authorizing Official Enter name and title of authorizing official who certifies the employee has completed the requirements for the training and that the training has been evaluated. Activity may consider written, oral or other methods of evaluation.
- 1b. Area Code/Telephone Number Enter certifying official's phone number.
- 1c. Email Address Enter certifying official's email address.
- 1d. Signature Signature of certifying official
- 1e. Date Enter date of certifying official's signature.

NOTE: The SF 182 does not provide a Continuation Sheet. Activities may attach a separate list to the SF 182 that contains required employee data.