

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number	B. Request Status <i>(Mark (X) one)</i> <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation
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Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name <i>(Last, First, Middle Initial)</i>		2. Social Security Number/Federal Employee Number		3. Date of Birth <i>(yyyy-mm-dd)</i>	
4. Home Address <i>(Number, Street, City, State, ZIP Code)</i> (Optional)		5. Home Telephone (Optional) <i>(Include Area Code)</i>		6. Position Level <i>(Mark (X) one)</i>	
				<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> b. Manager
				<input type="checkbox"/> c. Supervisory	<input type="checkbox"/> d. Executive
7. Organization Mailing Address <i>(Branch-Division/Office/Bureau/Agency)</i>		8. Office Telephone <i>(Include Area Code and Extension)</i>		9. Work Email Address	
10. Position Title		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level <i>(click link to view codes or go to page 7)</i>	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> Federal Contractor: ProFeds LLC DUNS# 962052275; CAGE# 5YRG2 PO Box 124, Fox Lake, IL 60020		1b. Location of Training Site <i>(if same, mark box)</i> <input type="checkbox"/>	
		1c. Vendor Telephone Number 844-776-3337	1d. Vendor Email Address Workshops@ProFeds.com
2a. Course Title ProFeds' FedImpact Retirement Workshop	2b. Course Number Code CSRS/FERS	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>(Click link to view codes or go to page 9)</i> 01	8. Training Type Code <i>(Click link to view codes or go to page 9)</i> 03
9. Training Sub Type Code <i>(Click link to view codes or go to page 9)</i> 33	10. Training Delivery Type Code <i>(Click link to view codes or go to page 12)</i> 01	11. Training Designation Type Code <i>(Click link to view codes or go to page 13)</i>	12. Training Credit
14. Training Accreditation Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	17. Training Source Type Code <i>(Click link to view codes or go to page 13)</i> 03

18. Training Objective Provide employees with the proper knowledge of federal benefits to be prepared to retire from federal service.	19. AGENCY USE ONLY Employee: Complete blocks 3-6 Agency: Complete blocks 11-16
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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	\$ 0.00		a. Travel	\$	
b. Books & Material Costs	\$ 0.00		b. Per Diem	\$	
c. TOTAL	\$		c. TOTAL	\$	
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i>		
4. Document / Purchasing Order / Requisition Number					
5. 8 - Digit Station Symbol <i>(Example - 12-34-5678)</i>					

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 E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

Approved Disapproved

1e. Date

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

Christina Kowalik, Owner of ProFeds

1b. Area Code / Telephone Number

844-776-3337

1c. Email Address

Workshops@ProFeds.com

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.