FLEET READINESS CENTER EAST REQUEST FOR OFF-SITE OR TUITION ASSISTANCE TRAINING

***Instructions**: To request a seat in an Off-Site training course OR Tuition Assistance - Complete Part I below.*
*Submit to your supervisor at least **25** calendar days prior to the registration Cut-Off or Training Start Date.*

PART I - REQUESTER [TRAINING PACKAGE]

Name (Print: Last, First, MI) Enter additional names on reverse.	Payroll Number	Shop Code	Phone Number	Date of Request

How did you hear about the Tuition Assistance Program?

☐ Supervisor ☐ HR Highlights ☐ Electronic Information Boards ☐ CPWEB
☐ Readiness Reader ☐ FRC East Instruction ☐ Training Class ☐ Word of Mouth

☐ Attached

Attach a copy of the Training Support Documentation (Official Brochure/Web Announcement/Course Information). **Highlight** and **Number** to correspond to the following course information:

1. Course Title
2. Course Start and End Date
3. Course Cost
4. Training Location
5. Course Description
6. Total Course Hours
7. Vendor's Name
8. Vendor's Address
9. Vendor Point of Contact (POC)
10. Vender POC Phone Number

YES ☐ NO ☐ 11. Individual has been registered for subject course.

YES ☐ NO ☐ 12. Vendor Registration Form is attached - with necessary information entered, as applicable.

TA Costs: _____ 13. Tuition Assistance Only: In addition to the Training Support Documentation above, enter TA costs only (minus any fees).

PART II - SUPERVISOR

(Supervisor's signature on this form may be used in lieu of signing Section D, Block 1d of the SF 182)

☐ Disapproved	Explain and return to requester.	Comments:

* Sign, Date, and Forward to your Training Coordinator - or -
* If this is a late submission: Sign Approval, enter justification comments in Part III and forward to your Competency/Group/Department Head or Production Division Director for signature.

☐ Approved	I certify this training is job related and attendee meets prerequisites.	Date
	Signature	

PART III - LATE SUBMISSION JUSTIFICATION

(Required for submissions to 7.3.3 that are/will be less than 25 days prior to the Registration Cut-Off or Training Start Date)

Comments:

Late Submission Accepted ☐
Not Accepted ☐

SIGNATURE	POSITION ☐ Production Division Director ☐ Competency/Group/Department Head	Date

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PART IV - TRAINING COORDINATOR

Date Request Package Received	Part I & II Completed	☐ YES ☐ NO (return for completion)	Date
JON/Shop Code/Funds availability verified and provided by Management Analyst/BFM	JON		Shop
For Tuition Assistance Only - - - USE:	JON	**7A3NCVE**	Shop **73300**

☐	SF 182 data verified by comparing to the Request Package Support Documentation	Date
☐	SF 182 package forwarded to Authorizing Official for Signature	Date
☐	JON/Shop Code check - Funds Obligation email sent to Accounting (Code 10.0)	Date
☐	Signed SF 182 forwarded, with Training Request Package, to Code 7.3.3	Date

[continued from front]

Additional Names from same shop or to be paid by same JON.

Name (Print: Last, First, MI)	Payroll Number	Shop Code	Phone Number
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Name (Print: Last, First, MI)	Payroll Number	Shop Code	Phone Number
Name (Print: Last, First, MI)	Payroll Number	Shop Code	Phone Number
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Name (Print: Last, First, MI)	Payroll Number	Shop Code	Phone Number