

**REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT**

A. Agency code and subelement, and submitting office number (xx-xx-xxxx) NV-00-2179	B. Standard document number (Org identifier, FY, DOC. Type code/Serial number)	C. Request Status or Process Code (X one) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(1) Initial</td> <td style="width:50%; text-align: center;">(2) Resubmission</td> </tr> <tr> <td style="text-align: center;">(3) Correction</td> <td style="text-align: center;">(4) Cancellation</td> </tr> </table>	(1) Initial	(2) Resubmission	(3) Correction	(4) Cancellation	D. Amendment No.
(1) Initial	(2) Resubmission						
(3) Correction	(4) Cancellation						

**Section A – TRAINEE/APPLICANT INFORMATION**

1. Name (Last, First, Middle Initial)	2. 1 <sup>st</sup> 5 letters of last name	3. Social Security Number	4. Ed. Level	5. Continuous Federal Svc a. Years      b. Months	
6. Home Address (Street, City, State and Zip)	7. Phone Numbers (Include area code)		8. Position Title		
	a. Home		9. Position Level (X one)		
11. Organization Name	b. Office		10. Pay Plan/Series/Grade/Step (Rank/Mos//or Navy Designator)		
	(1) Commercial		a. Executive		
12. Organization Mailing Address (Include Zip)	(2) Fax Number		b. Manager		
	13. Organization UIC 39721		c. Supervisory		14. Type of Appointment
	16. Are you handicapped or disabled? (X one)		d. Non-Supervisory		
		e. Other (Specify)		15. No. prior non-government training days	

**Section B – TRAINING COURSE DATA**

17. Course Title				18. Training Objectives (Benefits to be derived by the Government)				19. Recommended Training Source, School or Facility a. Name			
								b. Mailing Address (Include Zip)			
20. Course Codes				c. Location of training site (if other than 19b)							
a. Purpose		f. Security Clearance		k. Training Program							
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours (4 digits)		22. Course Identifiers			
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID			
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course No.			
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering/TLN			

**Section C – COST INFORMATION (costs incurred and billed are not to exceed amount in item 30)**

24. If training does not involve expenditures of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →											
25. Direct Costs				26. Indirect Costs (For Information only)				27. Accounting Classification			
a. Tuition Costs				a. Travel Cost							
b. Books, material, other costs				b. Per diem/other costs							
c. Total direct costs				c. Total indirect costs							
d. Funding source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)		30. Total of Direct & Indirect Costs	
31. Job Order No.											

**Section D – APPROVAL/CONCURRENCE/CERTIFICATION**

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)						33. Training Officer: I certify this training meets regulatory requirements.					
a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone Number (area code)		
c. Signature & Title				d. Date		c. Signature & Title				d. Date	
Director, NCAWPD						Career Manager					
34. Authorizing Official						35. Course Acceptance (To be completed by school official)					
a. Action (X one) →		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		d. Date	
b. Typed Name (Last, First, Middle Initial)		c. Phone number (include area code) (717) 605-8635				b. Not Accepted					
d. Signature & Title				e. Date		36. Course Completion (To be completed by school official)					
						a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →			b. Actual Completion Date (YYMMDD)		c. Grade
37. Billing Instructions (Identify discount terms % days) Furnish original invoice and 3 copies to: Dept of Navy NCAWPD 5450 Carlisle Pike Mechanicsburg, PA 17050						d. Signature & Title				e. Date	
						38. Certifying Government Official					
						a. I certify that this account is correct and proper for payment in the amount of: \$					
						b. Signature			c. Date Signed		
			d. DSSN Number			e. Check Number			f. Voucher Number		

Training Facility: Invoice should be sent to the office indicated in item 37. Please refer to standard document number given in item B at top of page to assure payment.

**DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

**PURPOSE AND USE:** 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, it also 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.

**DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

**GENERAL INSTRUCTIONS**

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS.  
SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT.  
DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

**COPY DISTRIBUTION**

<b>Copy 1:</b> File in the training/personnel folder.	<b>Copy 6:</b> Give finance office to authorize payments.
<b>Copy 2:</b> For Agency ADP System.	<b>Copy 7:</b> Give finance office to authorize any separate payments for books, material or other costs.
<b>Copy 3:</b> Give vendor to nominate employee.	<b>Copy 8:</b> Give employee.
<b>Copy 4:</b> Give vendor as the obligation for approved costs.	<b>Copy 9:</b> Use to evaluate training.
<b>Copy 5:</b> Give vendor to return to confirm nomination status.	<b>Copy 10:</b> Keep at originating office.

**COMPLETION INSTRUCTIONS**

**Item A -** May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required.  
**Item B -** Follow DoD component instructions.  
**Item C -** Follow local procedures. Normally X beside "initial."  
**Item D -** If this is an amendment, enter number.

**Section A - TRAINEE / APPLICANT INFORMATION**

<b>Item 1 -</b> Fill in trainee's name. If more than one nominee, list on separate sheet.	<b>Item 11 -</b> Enter trainee's organization name.																																
<b>Item 2 -</b> Enter first five letters of trainee's last name.	<b>Item 12 -</b> Enter trainee's organization mailing address.																																
<b>Item 3 -</b> Enter trainee's Social Security number.	<b>Item 13 -</b> Enter submitting organization's six digit unit identification code (UIC). <i>(See DoD component instructions.)</i>																																
<b>Item 4 -</b> Enter appropriate code for trainee's educational level. <table border="0"> <tr> <td><b>00</b> - Not applicable</td> <td><b>11</b> - 3 years of college</td> </tr> <tr> <td><b>01</b> - No formal or some elementary</td> <td><b>12</b> - 4 years of college</td> </tr> <tr> <td><b>02</b> - Elementary graduate</td> <td><b>13</b> - Bachelor Degree</td> </tr> <tr> <td><b>03</b> - Some high school</td> <td><b>14</b> - Post Bachelor</td> </tr> <tr> <td><b>04</b> - High school graduate or certificate of equivalency</td> <td><b>15</b> - 1st Professional</td> </tr> <tr> <td><b>05</b> - Terminal Occupational Program (TOP)</td> <td><b>16</b> - Post 1st Professional</td> </tr> <tr> <td><b>06</b> - TOP Certificate</td> <td><b>17</b> - Master Degree</td> </tr> <tr> <td><b>07</b> - Started college</td> <td><b>18</b> - Post Master</td> </tr> <tr> <td><b>08</b> - 1 year of college</td> <td><b>19</b> - 6th year Degree</td> </tr> <tr> <td><b>09</b> - 2 years of college</td> <td><b>20</b> - Post 6th year</td> </tr> <tr> <td><b>10</b> - Associate Degree</td> <td><b>21</b> - Doctorate Degree</td> </tr> <tr> <td></td> <td><b>22</b> - Post Doctorate</td> </tr> </table>	<b>00</b> - Not applicable	<b>11</b> - 3 years of college	<b>01</b> - No formal or some elementary	<b>12</b> - 4 years of college	<b>02</b> - Elementary graduate	<b>13</b> - Bachelor Degree	<b>03</b> - Some high school	<b>14</b> - Post Bachelor	<b>04</b> - High school graduate or certificate of equivalency	<b>15</b> - 1st Professional	<b>05</b> - Terminal Occupational Program (TOP)	<b>16</b> - Post 1st Professional	<b>06</b> - TOP Certificate	<b>17</b> - Master Degree	<b>07</b> - Started college	<b>18</b> - Post Master	<b>08</b> - 1 year of college	<b>19</b> - 6th year Degree	<b>09</b> - 2 years of college	<b>20</b> - Post 6th year	<b>10</b> - Associate Degree	<b>21</b> - Doctorate Degree		<b>22</b> - Post Doctorate	<b>Item 14 -</b> Enter appropriate code or abbreviation. <table border="0"> <tr> <td><b>CC</b> - Career Conditional</td> <td><b>1</b> - Regular</td> </tr> <tr> <td><b>C</b> - Career</td> <td><b>2</b> - Reserve</td> </tr> <tr> <td><b>T</b> - Temporary</td> <td><b>3</b> - National Guard</td> </tr> <tr> <td><b>E</b> - Excepted</td> <td><b>I</b> - Intermittent</td> </tr> </table>	<b>CC</b> - Career Conditional	<b>1</b> - Regular	<b>C</b> - Career	<b>2</b> - Reserve	<b>T</b> - Temporary	<b>3</b> - National Guard	<b>E</b> - Excepted	<b>I</b> - Intermittent
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<b>Item 5 -</b> Enter years and months of continuous Federal Government service.	<b>Item 15 -</b> To be computed and filled in by the nominating training office.																																
<b>Item 6 -</b> Follow local procedures.	<b>Item 16 -</b> Self-explanatory																																
<b>Item 7 -</b> Follow local procedures.	<b>Section B - TRAINING COURSE DATA</b>																																
<b>Item 8 -</b> Self-explanatory.	<b>Item 17, 18, and 19 -</b> Self explanatory.																																
<b>Item 9 -</b> Self-explanatory.	<b>Item 20 - Course Codes</b> See reverse.																																
<b>Item 10 -</b> Self-explanatory.	<b>Item 21 -</b> Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.																																
	<b>Item 22a -</b> Follow DoD component instruction.																																
	<b>Item 22b -</b> Enter training source catalog/course ID number.																																
	<b>Item 22c -</b> Follow local procedures.																																
	<b>Item 23a &amp; b -</b> Enter in year, month, day sequence the course dates (e.g., June 15, 1977 would be entered as 770615).																																

**DD FORM 1556 INSTRUCTIONS (Continued)**

**Section B - TRAINING COURSE DATA (Continued)**

**Item 20 - COURSE CODES** - Enter appropriate codes from those listed below.

**A - PURPOSE**

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| 1 - Mission or program change   | 6 - Develop unavailable skills    |
| 2 - New technology              | 7 - Trade or craft apprenticeship |
| 3 - New work assignment         | 8 - Orientation                   |
| 4 - Improve present performance | 9 - Adult basic education         |
| 5 - Meet future staffing needs  |                                   |

**B - TYPE**

- |   |                           |
|---|---------------------------|
| 1 - Executive and management                  | 6 - Clerical              |
| 2 - Supervisory                               | 7 - Trade or craft        |
| 3 - Legal, medical, scientific or engineering | 8 - Orientation           |
| 4 - Administration and analysis               | 9 - Adult basic education |
| 5 - Specialty and technical                   |                           |

**C - SOURCE**

- |                     |   |
|---------------------|---|
| A - US Army         | S - Defense Logistics Agency            |
| D - Other DoD       | 2 - Government-Interagency              |
| F - US Air Force    | 3 - Non-Government, designed for agency |
| M - US Marine Corps | 4 - Non-Government - off-shelf          |
| N - US Navy         | 5 - State or local Government           |

**D - SPECIAL INTEREST**

- 0 - No special program    1 - Executive Development    2 - Supervision

**E - TRAINING VENDOR**

*(Follow DoD component instructions.)*

**F - SECURITY CLEARANCE OF COURSE**

- U - Unclassified    C - Confidential    S - Secret    T - Top Secret

**G - ALLOCATION STATUS**

- 1 - Primary    2 - Alternate    3 - Space Available

**H - PRIORITY**

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

**I - TRAINING LEVEL**

- |                 |                           |                            |
|-----------------|---------------------------|----------------------------|
| 1 - Elementary  | 3 - Vocational/Technical/ | 4 - College, undergraduate |
| 2 - High School | Secretarial/Business/     | 5 - College, graduate      |
|                 | Commercial/Administrative | 6 - College, post graduate |

**J - METHOD OF TRAINING**

- |                                  |                          |
|----------------------------------|--------------------------|
| 1 - On-the-job training (formal) | 6 - Directed study       |
| 2 - Rotation of work assignment  | 7 - Classroom (resident) |
| 3 - Seminar (training)           | 8 - Classroom (on site)  |
| 4 - Conference/meeting/symposium | 9 - Test/Equivalency     |
| 5 - Correspondence               |                          |

**K - TRAINING PROGRAM**

Follow DoD component instructions

**L - REASON FOR SELECTION OF COURSE**

- 1 - Quality of training
- 2 - Most cost effective
- 3 - Unique capability of training source
- 4 - Location
- 5 - Not available in Government
- 6 - Incidental to procurement of equipment
- 7 - Timeliness

**Section C - COSTS AND BILLING INFORMATION**

**Item 24** - X if applicable.

**Item 25a & b** - Enter dollars and cents.

**Item 25c** - Sum of items 25a & b. *(See Note below)*

**Item 25d** - Follow DoD component instructions.

**Item 26a & b** - Enter dollars and cents.

**Item 26c** - Sum of items 26a & b. *(See note below)*

**Items 27 & 29** - For finance office use. Enter only one accounting classification on each DD 1556.

**Items 28 & 31** - Follow local procedures.

**Item 30** - Sum of items 25c & 26c.

**Note:** - For a group, totals are for all trainees.

**Section D - APPROVALS/CONCURRENCE/  
CERTIFICATION**

**Item 33** - To be certified/signed by the official designated CPO Head of Training.

**Item 32** - To be certified/signed by supervisor of trainee.

**Item 34** - Follow local procedures.

**Item 35** - School official complete, sign, date and return copy 5.

**Item 36** - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

**Items 37 & 38** - Follow local procedures.

**Section E - TRAINEE AGREEMENT/CERTIFICATION  
Reverse of Copy 1**

The trainee (*applicant*) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

**Item 38f** - To be completed by nominating Training Office.

**Item 39** - To be signed and dated by employee nominated for non-government training.

**Section F - TRAINING VENDOR  
Reverse of Copy 3, 4 & 5**

**Items 40 & 43** - Instructions on reverse of copy 3.

**Item 44 - Reverse of Copy 5 - Mailing Address Nominating Agency** - To be filled in by nominating Training Office.

**Section G - FINANCE  
Reverse of Copies 6 & 7**

**Items 45, 46, or 47** as appropriate, filled in by the nominating activity Training Office.

**Section H - EVALUATION  
Copy 9**

To be completed by trainee and immediate supervisor after training is completed *(following agency instructions)*.