

1556 WORKSHEET

IS SUPERVISOR ADVISED OF THIS TRAINING REQUEST? Yes ___ No ___
IS TRAVEL INVOLVED WITH TRAINING? Yes ___ No ___ If required, Traveler must submit travel orders.

IS SUPPLEMENTAL/PRE-REGISTRATION FORM REQUIRED BY VENDOR? Yes ___ No ___
• IF FORM IS REQUIRED, ATTACH TO THIS WORKSHEET. IT WILL BE FORWARDED TO KATE MAXWELL, CODE 0112, WHEN 1556 IS COMPLETED.

COURSE TITLE: _____

TRAINING OBJECTIVE: _____

SOURCE/VENDOR NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

TRAINING SITE SAME AS VENDOR? Yes ___ No ___

TRAINING SITE ADDRESS _____

DIRECT COSTS: TUITION \$ _____ PER PERSON TRAVEL \$ _____

BOOKS/FEES \$ _____ PER DIEM \$ _____

TRAINING PERIOD: START ___/___/___

END ___/___/___

COURSE HOURS: DUTY _____

NON DUTY _____

SOURCE (CIRCLE ONE):

US ARMY	OTHER DOD	DEFENSE LOGISTICS AGENCY
US AIR FORCE	GOVT INTERAGENCY	NON-GOVT, DESIGNED FOR AGENCY
US MARINE CORPS	NON-GOVT, OFF-SHELF	STATE OR LOCAL GOVT
US NAVY		

TYPE OF TRAINING (CIRCLE ONE):

APPR	CECOS	MISC	EIT	COMPUTER
PE	EEO	NEI	EMDP	CONTRACT
TQL	GEMS	NEPA	ENVIRON	WARRANT
SUPV	OTHER			

SAID (CIRCLE ONE):

EXECUTIVE/MGMT	LEGAL, MEDICAL, SCIENTIFIC OR ENGINEERING
SUPERVISORY	ADMINISTRATION AND ANALYSIS
TRADE OR CRAFT	SPECIALTY AND TECHNICAL
CLERICAL	ORIENTATION

ATTENDEES

SSN

NAME

JOB ORDER #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____