



## How to complete an External Training Request Form in JTMS

### Section A

Trainee Information: To be completed by the employee.

**A:** Agency Code – Pre-populated

**B:** Request Status – Add -Pre-populated

**A.1:** Applicant's Name—Pre-populated.

**A.4:** Home Address— Work address will appear instead of home address – Pre-populated.

**A.6:** Position Level—Select one. Self-Explanatory.

**A.7:** Organization Mailing Address—Self-explanatory.

**A.8:** Office Phone

**\*A.9:** Work E-mail Address

**A.10:** Position Title—Pre-populated.

**\* A.11:** Does Applicant Need Special Accommodations? Self-explanatory. If the answer is yes, describe in box provided.

**A.12:** Type of Appointment – Pre-populated

**A.13:** Education Level—Pre-populated.

**A.14:** Pay Plan—Pre-populated.

**A.15:** Series – Pre-populated.

**A.16:** Grade—Pre-populated.

**A.17:** Step – Pre-populated.

### Section B

Training Course Data: To be completed by the employee.

**\*B.1a:** Name and Mailing Address of Training Vendor: Select Other and provide details (e.g., name, mailing address, country of training vendor). Contact the vendor to obtain the information above if it is not provided.

**B.1b:** Location of Training Site - If same as B.1a, check the box.

**B.1c:** Vendor E-mail Address—Enter if available.

**B.1d:** Vendor Telephone Number.

**\*B.2a:** Course Title - Enter the exact title from the course materials. Spell out acronyms.

**B.2b:** Course Number Code—Enter the vendor number/identifier or college/university number assigned to a course, if available.

**\*B.3:** Training Start Date—Indicate date the training will start.

**\*B.4:** Training End Date—Indicate date the training will end.

**\*B.5:** Training Duty Hours—Indicate the number of hours (duty) during which training will occur.

**\*B.6:** Training Non-Duty Hours—Indicate the number of hours (non-duty) during which training will occur.

**\*B.7:** Training Purpose Type— Choose the best selection that suits your training from the drop down menu. This information is required by OPM for reporting purposes.

**B.8:** Training Type Code – Not required.

**\*B.9.:** Training Sub Type Code – Make a selection from the drop down menu. Self-Explanatory.

**\*B.10:** Training Delivery Type Code – Make a selection from the drop down menu. Self-Explanatory.

**\*B.11:** Training Designation Type Code – Make a selection from the drop down menu. Self-Explanatory

**\*B.12:** Training Credit – Enter the hours of training for credit.

**\*B.13:** Training Credit Type Code – Make a selection from the drop down menu. Self-Explanatory

**\*B.14:** Training Accreditation Indicator – Is the training program accredited? Select Yes or No.

**\*B.15:** Continued Service Agreement Required Indicator – Select Yes, No or N/A.

**\*B.16:** Continued Service Agreement (CSA) Required Expiration Date – If entered into a CSA, enter the expiration date.

**\*B.17:** Training Source Type Code – Self Explanatory.

**\*B.18:** Training Objectives – Please indicate the objectives of the training or conference and how it is related to the strategic objective of the organization.

### Section C

Cost and Billing Information: To be completed by the employee

**\*C.1:** Direct Cost and appropriation/fund chargeable – In the Amount column, you must enter a value in each box (tuition, books/material). If zero, enter 0.

**\*C.2:** Indirect Cost and appropriation/fund chargeable – In the Amount column, you must enter a value in each box (Travel, Per Diem). If zero, enter 0.

**C.3:** Total Training Non-Government Contribution Cost – Self Explanatory.

**C.4:** Document/Purchase Order/Requisition Number – Not required.

**C.5:** 8-Digit Station Symbol – Not required.

**C.6:** Billing Instructions – Identify what office will be responsible for funding your training.

**Additional Cost and Billing Instructions:** If costs will be incurred for this request, you must indicate in the Billing Instructions that all costs (both tuition and travel) will be covered by division funds or by a centrally-funded training program (e.g. Certified Fire Investigator, Certified Explosives Specialist, ATF Medic, or Executive Development). If funding will be provided by a centralized training program, you must include the specific name of the training program and the program contact that can validate authorization of the training. The employee must forward the Division Chief approval to the appropriate CFI or CES program manager. If the funding source is not clearly specified, your request will be denied by HRPD and you will have to resubmit it for approval with the correct information.

\* Indicates Mandatory Fields