

# FULFILLMENT OF DOD MANDATORY TRAINING REQUIREMENT

## Privacy Act Statement

**AUTHORITY:** EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** To evaluate and determine the status of mandatory acquisition training. The purpose of soliciting the Social Security Number is for positive identification.

**ROUTINE USE(S):** The information provided is used for verification by the individual's supervisors and the individual's personnel office to ensure that mandatory acquisition training requirements have been fulfilled.

**DISCLOSURE:** Voluntary; however, failure to provide requested information may preclude an effective evaluation to determine an individual's status of mandatory acquisition training. Failure to provide the Social Security Number will not nullify the purpose or use of the requested information.

### SECTION I - INDIVIDUAL REQUEST *(Type or print in ink)*

|  |                     |   |   |
|--|---------------------|---|---|
| <b>1. NAME</b> <i>(Last, First, Middle Initial)</i>  |                     | <b>2. COURSE NUMBER</b>   |   |
| <b>3. COURSE TITLE</b>   |                     | <b>4. COURSE LEVEL</b> <i>(Entry, Intermediate, Senior, etc.).</i>  |   |
| <b>5. STATEMENT</b><br><br>I propose that the skills and knowledge provided by the DoD mandatory course identified above have been obtained by experience, education, equivalency test, or alternate training. Based on the attached justification, I request that this be considered fulfillment of the mandatory training requirement indicated. |                     |   |   |
| <b>6. SIGNATURE</b>  |                     | <b>7. DATE SIGNED</b> <i>(YYMMDD)</i>                               | <b>8. SOCIAL SECURITY NUMBER</b>                      |
| <b>9. TITLE</b>  |                     | <b>10. SERIES</b>   | <b>11. GRADE/RANK</b>                                 |
| <b>12. OFFICE SYMBOL</b>   | <b>13. LOCATION</b> | <b>14. CURRENT LEVEL</b> <i>(Entry, Intermediate, Senior, etc.)</i> | <b>15. DATE ENTERED CURRENT LEVEL</b> <i>(YYMMDD)</i> |

### SECTION II - SUPERVISOR'S RECOMMENDATION

|   |   |  |  |
|---|---|--|--|
| <b>16. CONCURRENCE/NONCONCURRENCE</b> <i>(X one)</i>  |   |  |  |
| <input type="checkbox"/> a. CONCUR - INDIVIDUAL HAS GAINED REQUISITE SKILLS AND KNOWLEDGE AS PROPOSED IN SECTION I. | <input type="checkbox"/> b. DO NOT CONCUR <i>(Return request to individual)</i> |  |  |
| <b>17. SUPERVISOR SIGNATURE</b>   |   | <b>18. DATE SIGNED</b> <i>(YYMMDD)</i> |  |
| <b>19. DUTY TITLE</b>   | <b>20. OFFICE SYMBOL</b>  | <b>21. LOCATION</b>                    |  |

### SECTION III - DISPOSITION

|  |   |  |  |
|--|---|--|--|
| <b>22. APPROVAL/DISAPPROVAL</b> <i>(X one)</i> |   |  |  |
| <input type="checkbox"/> a. APPROVED           | <input type="checkbox"/> b. DISAPPROVED |  |  |
| <b>23. SIGNATURE OF APPROVING OFFICIAL</b>     |   | <b>24. DATE SIGNED</b> <i>(YYMMDD)</i> |  |
| <b>25. DUTY TITLE</b>                          | <b>26. OFFICE SYMBOL</b>                | <b>27. LOCATION</b>                    |  |