

APPENDIX B
SAMPLE OF DD FORM 1556

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT		A. Agency code, agency subelement and submitting office number (XX-XX-XXXX)		01		B. Standard document number		02			
		DAENPE-83-2530M-010									
		C. Request Status or Process Code (X one block)									
		Initial		Resubmission		Correction		Cancellation			
Section A — TRAINEE INFORMATION											
1. Applicant's name (Last-First-Middle Initial) Indicate preferred title (example-Miss, Mrs., Mr., Ms., LTC, etc.) KLEAR, KRYSTALL (MS)			03		2. Social Security Number KLEAR XXX-XX-XXXX		04		05		
4. Home address (Optional - to notify in case of emergency) 7220 Willow Lane Any Town, USA			6. Home telephone (Optional) Area code / Number 777-9311		3a. Organization Unit Identification Code (UIC) Z-2		b. Date of birth Year 43		Month 12		
7. Organization mailing address (Branch-Division/Office/Bureau/Agency/Service/Command) USA, Corps of Engineers (DAEN-XXX-F) 20 Massachusetts Ave., N.W. Washington, D.C. 20314			8. Office telephone Area code / AUTOVON / Number / Ext AVN 285-0777 (202) 272-0777		9. Continuous federal service Years 15		Months 2		10. Number of prior non-government training days Ø		
11. Position title/function Supv. Pers. Mgt. Spec.			12. Pay plan/series/grade/step GS / 0201 / 15		13. Type of appointment C		14. Education level 18				
Section B — TRAINING COURSE DATA											
16a. Name and mailing address of recommended training source, school or facility Executive Institute of America 2050 Crandville Drive Portland, Ore.					b. Location of training site (If same, mark box.) (If not required, use for remarks.)						
SAMPLE											
16a. Training Type/ Subject Area Identifier		b. Course title or training services Governmental Personnel Law									
17a. Catalog/Course No. CJ-22987		18. Training period (6 digits)		06		c. Record ID		19. Number of course hours (4 digits)		07	
b. Offering		a. Start		83 06 20		a. During duty		0080		20. PART I — training codes (see instructions)	
		b. Complete		83 07 01		b. Non-duty				a. Purpose	
						c. TOTAL		0080		b. Type	
20. PART II — (See instructions)		d. Training credits				e. Priority		1		f. Training program	
a. Training Agency / Vendor Unit Identification Code (UIC)		b. Security Clearance		Continuing education units		f. Training level				i. Reason for selec.	
c. Allocation Status		Other (colleges, etc.)				g. Method of training				j. Method of eval.	
Section C — COSTS AND BILLING INFORMATION											
21. Direct costs and appropriation/fund chargeable (Costs incurred and billed are not to exceed amount in 21a.)											
a. Total direct authorized		12		dollars		cents		00		b. Tuition cost	
										c. Books, material or other costs	
										d. Funding source	
e. Accounting classification for direct costs		7732 020 08-7600 P878755.7200 S49129 QE3720 2530								f. Signature of fiscal officer (follow local procedure)	
22. Job order number (Optional)		23. Labor costs (Optional)								V. DiRago, FAO	
25. Indirect costs (For information purposes only)		a. Total indirect costs		13		dollars		cents		00	
		b. Travel cost				dollars		cents		00	
		c. Per diem/other costs				dollars		cents		00	
		d. Travel order number									
Section D — APPROVAL/CONCURRENCE					Section E — APPROVAL/CONCURRENCE						
26. I certify this training is job related. Supervisor (Name and title/code)			Area code / Number / Extension		29. Authorizing official (Name and title/code)			Area code / Number / Extension			
Signature			Date		Signature			Approved / Date			
27. Does nominee meet prerequisites?			Yes		No		If No, attach waiver request				
I CERTIFY that this training meets regulatory requirements: Training Officer (Name and title/code)			Area code / AUTOVON / Number / Ext.		30. If course not completed, return this form with an explanatory memo			b. Actual completion date			
FAIRY ARMSTRONG, C/T&D Br.					School official/Trainee (Signature/code)			Date			
Signature			Date		31. I certify that this account is correct and proper for payment in the amount of:						
28a. Station Symbol			SF-1080		Certifying official (Name and title/code)			\$			
b. Billing instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:					Signature			Date			
FAO (DAEN-RMF-P)					DSSN number			Check number			
Casey Bldg # 2594					32. School official (Name and title)			Voucher number			
Humphrey Engineer Center					Signature			Acceptance approval			
Port Belvoir, VA 22060					Date			Yes / Nominee accepted			
								No / Not accepted			

TRAINING FACILITY invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.
Copy 1 - AGENCY (TRAINING/PERSONNEL FOLDER)
DD Form 1556 JUN 78

EDITION OF 1 AUG 72 IS OBSOLETE EDITION OF 1 AUG 77 WILL BE USED UNTIL EXHAUSTED.

DDO overprint of Standard Form 182