

Approved For Release 2000/08/16 : CIA-RDP80-00679A000100010007-9  
 REQUEST FOR APPROVAL OF TRAINING

NAME (LAST)		(FIRST)	(MIDDLE)	GRADE	TITLE	DIVISION OR STAFF
AGE	SEX	MARITAL STATUS	LENGTH OF SERVICE: YEARS _____ MONTHS - AGENCY YEARS _____ MONTHS - PERSONNEL OFFICE			
TYPE AND DESCRIPTION OF REQUESTED TRAINING COURSE:						
NAME AND ADDRESS OF SCHOOL				NO. HOURS/WEER	INCLUSIVE DATES	
NAME OF INSTRUCTOR(S)				CREDIT GIVEN: <input type="checkbox"/> YES <input type="checkbox"/> NO		THESIS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC TRAINING OBJECTIVES (INDICATE LEVELS OF PROFICIENCY, IF REQUIRED):						
QUALIFICATIONS (SUMMARY OF ACADEMIC AND OCCUPATIONAL EXPERIENCE):						
EXPENSE TO AGENCY, IF APPLICABLE (INDICATE NEED FOR ADVANCE FUNDS):						
SIGNATURE OF SUPERVISOR				SIGNATURE OF EMPLOYEE		
SIGNATURE OF PERSONNEL OFFICE TRAINING OFFICER					DATE OF APPROVAL	
SECURITY OFFICE APPROVAL						