



DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER
2310 CRAVEN ST.
BOX 368147
SAN DIEGO, CALIFORNIA 92136-5596

NAVDECENSDIEGOINST 12410.2A
012
28 JAN 1998

NAVDECEN SAN DIEGO INSTRUCTION 12410.2A

Subj: FEDERAL CIVILIAN EMPLOYEE TRAINING

Ref: (a) CFR 410
(b) OCPMINST 12410.1
(c) NAVMEDCOMINST 1500.8

Encl: (1) TAD/Request (NDCSD 1320/1) (Rev. 4-92)
(2) Request and Authorization for TDY Travel
(DD Form 1610)
(3) Request, Authorization, Agreement, Certification of
Training and Reimbursement (DD Form 1556)

1. Purpose. To establish policy, procedures, and provide guidance for the training and professional development of general schedule civilian employees at the Naval Dental Center, San Diego.

2. Cancellation. NAVDENCLINICINST 12410.2.

3. Background. The Commanding Officer is responsible for establishing progressive employee training and career development programs, integrating such programs with strategies for planning, programming, budgeting and other personnel management areas to ensure that the workforce is equipped to perform their current and projected duties in an efficient manner.

4. Definitions

a. Training. Training includes formal or informal learning experiences aimed at acquiring skills, knowledge, and abilities to improve or maintain current employee performance of official duties, tasks and responsibilities.

b. Development. Development is the process of preparing employees (individually or in groups) for future, likely, mission-related duties and responsibilities and career progression. Developmental activities may include planned career progression programs, work assignments, independent study, job rotation and coaching or mentoring activities.



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5. Policy. It is the policy of this command that training and career development of civilian employees be carried out in accordance with the requirements of references (a), (b), and (c) and the contents of this instruction.

6. Responsibilities

a. Civilian Personnel Officer. The Head, Personnel Administration Department is assigned as the Civilian Personnel Officer. Duties include:

(1) Ensure that the requirements of this instruction are implemented.

(2) Monitor the career development of civilian employees of the Naval Dental Center, San Diego.

(3) Coordinate with the servicing Human Resources Office to ensure a cohesive training program.

b. Supervisory Personnel. Supervisory personnel will determine individual employee needs and organizational training requirements. An Individual Development Plan (IDP) should be created to ensure employees have the tools to adequately perform their job. For Probationary Supervisors and Veteran's Readjustment Appointees (VRA), IDPs are required. An ideal timeframe to identify training needs or create IDPs is during the Performance Appraisal Review (PAR) period. Additionally, supervisor's will conduct on-the-job training for their subordinates, and evaluate the results of training to ensure objectives are adequately met and justified as job related.

c. Employees. Employees are responsible for self development. They are expected to assess their skills and potential consistent with their career goals. They should take individual action to acquire or develop needed skills and apply these skills and techniques acquired through training to their job.

7. Training Requirements. The following is a list of major mandated training requirements:

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a. Introductory Training. All newly reporting personnel will receive training (i.e., infection control, fire, safety, and sexual harassment). Additionally, a command indoctrination will be provided to introduce the new employee with specific information on personnel policies, rights, responsibilities, and privileges.

8. Professional Training

a. Training is appropriate when the government can be expected to gain more benefit from the training than it invested in its' cost. It is clearly improper to authorize training where there is no reasonable potential to utilize the training on the job. Determining the value to the government of any particular training investment, however, must rely on the judgment of line supervisors and managers. They may authorize training to build skills and knowledge levels which help contribute to the command's mission. In some cases, the need is immediate and the training remedial; in others, the aim is to update and maintain professional knowledge; and for others, the goal is to prepare for requirements anticipated by managers.

9. Training Attendance

a. Required training. Required training will be scheduled by the supervisor during normal working hours. All civilian personnel will attend required training.

b. No-Cost Training

(1) Workload permitting, optional, no-cost training at local government facilities, including command sponsored inservice training, may be authorized at the branch clinic/headquarters level.

(2) An individual employee may initiate a request for no-cost, off-site training utilizing enclosure (1), to the Commanding Officer, via the department head/clinic director. The request must include a justification statement which clearly explains the benefit of the training to the command. A copy of the brochure or course outline should be attached, if possible, to aid the chain-of-command in processing the application.

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(3) The "requester" may also be the supervisor, who will certify the need and cost effectiveness of the training to the Commanding Officer via the chain-of-command.

(4) Approved requests will be entered on the member's time card as "DOS" (Duty Off Station).

c. Funded Training. Enclosure (1) must be used to request funded training through interagency or non-government training facilities. Enclosure (3) is used to request training where the Federal government is reimbursed. Amplifying brochures must be attached and routed through the chain-of-command for approval by the Commanding Officer. The Comptroller's Department will use enclosure (2) as the travel/funding authorization for approved requests. Supervisors are reminded that funded training and travel need to be submitted with annual travel plan for approval.

d. Documentation. Documentation of all training accomplished must be forwarded to the Education and Training Department for entry into the master training database. The Training Attendance Roster should be used to document "in-house" training. A letter or certificate of completion should be presented to document outside training.

10. Forms Availability

a. TAD Request/Authorization, NDCSD Form 1320/1 (Rev. 4-92) S/N 0105-LL-800-0002, may be obtained by ordering through NDC Supply.

b. Request and Authorization for TDY Travel of DoD Personnel (1-71), S/N 0102-LF-016-7702, DD Form 1610, may be obtained by ordering through NDC Supply.

c. Request, Authorization, Agreement, Certification of Training and Reimbursement (DD Form 1556) (3-87), may be obtained by ordering through NDC Supply.


R. C. MELENDEZ

Dist:
List I, Case 1, 2

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| | | | | | | | | | |
|---|---------------------------|--------|-----------------------|-----------------------|--|-----------------------------------|---|--------------------------|-----------|
| REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL | | | | | | | | 1. DATE OF REQUEST | |
| (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21. | | | | | | | | | |
| REQUEST FOR OFFICIAL TRAVEL | | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) | | | | | 3. POSITION TITLE AND GRADE OR RATING | | | | |
| 4. OFFICIAL STATION | | | | | 5. ORGANIZATIONAL ELEMENT | | | 6. PHONE NO. | |
| 7. TYPE OF ORDERS | | | 8. SECURITY CLEARANCE | | | 9. PURPOSE OF TDY | | | |
| 10 a. APPROX NO. OF DAYS OF TDY (Including travel time) | | | b. PROCEED O/A (Date) | | | | | | |
| 11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED | | | | | | | | | |
| 12. MODE OF TRANSPORTATION | | | | | | | | | |
| COMMERCIAL | | | | GOVERNMENT | | | PRIVATELY OWNED CONVEYANCE (Check one) | | |
| RAIL | AIR | BUS | SHIP | AIR | VEHICLE | SHIP | RATE PER MILE: | | |
| <input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) | | | | | | | <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT | | |
| <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. | | | | | | | <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR. | | |
| <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify) | | | | | | | | | |
| 14. ESTIMATED COST | | | | | | | | 15. ADVANCE AUTHORIZED | |
| PER DIEM | | TRAVEL | | | OTHER | | TOTAL | | |
| \$ | | \$ | | | \$ | | \$ | | \$ |
| 16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) | | | | | | | | | |
| 17. REQUESTING OFFICIAL (Title and signature) | | | | | 18. APPROVING OFFICIAL (Title and signature) | | | | |
| AUTHORIZATION | | | | | | | | | |
| 19. ACCIGN CITATION | APPROPRIATION AND SUBHEAD | | OBJECT CLASS | BUREAU CONTROL NUMBER | SUB-AUTH | AUTHORIZATION ACCOUNTING ACTIVITY | TYPE | TRAVEL ORDER (Tango) NO. | COST CODE |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION | | | | | | | 21. DATE ISSUED | | |
| | | | | | | | 22. TRAVEL ORDER NUMBER | | |
| | | | | | | | | | |

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DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).
PURPOSE AND USE: Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

GENERAL INSTRUCTIONS

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

COPY DISTRIBUTION

- | | |
|---|--|
| <p>Copy 1: File in the training/personnel folder. Copy 2: For Agency ADP System. Copy 3: Give vendor to nominate employee. Copy 4: Give vendor as the obligation for approved costs. Copy 5: Give vendor to return to confirm nomination status.</p> | <p>Copy 6: Give finance office to authorize payments. Copy 7: Give finance office to authorize any separate payments for books, material or other costs Copy 8: Give employee. Copy 9: Use to evaluate training. Copy 10: Keep at originating office.</p> |
|---|--|

COMPLETION INSTRUCTIONS

- Item A** - May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required.
Item B - Follow DoD component instructions.
Item C - Follow local procedures. Normally X beside "initial."
Item D - If this is an amendment, enter number.

Section A - TRAINEE / APPLICANT INFORMATION

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|-----------------------------------|-------------------------|--------------------------|----------------------|-----------------------|--------------------|---|-----------------------|--|----------------------------|----------------------|--------------------|----------------------|------------------|------------------------|----------------------|-------------------------|--------------------|-----------------------|-----------------------|--|---------------------|---|-------------------------|-------------|------------|-------------|---------------|--------------------|--------------|------------------|
| <p>Item 1 - Fill in trainee's name. If more than one nominee, list on separate sheet.</p> | <p>Item 11 - Enter trainee's organization name.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 2 - Enter first five letters of trainee's last name.</p> | <p>Item 12 - Enter trainee's organization mailing address.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 3 - Enter trainee's Social Security number.</p> | <p>Item 13 - Enter submitting organization's six digit unit identification code (UIC). (See DoD component instructions.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 4 - Enter appropriate code for trainee's educational level.</p> <table border="0"> <tr> <td>00 - Not applicable</td> <td>11 - 3 years of college</td> </tr> <tr> <td>01 - No formal or some elementary</td> <td>12 - 4 years of college</td> </tr> <tr> <td>02 - Elementary graduate</td> <td>13 - Bachelor Degree</td> </tr> <tr> <td>03 - Some high school</td> <td>14 - Post Bachelor</td> </tr> <tr> <td>04 - High school graduate or certificate of equivalency</td> <td>15 - 1st Professional</td> </tr> <tr> <td>05 - Terminal Occupational Program (TOP)</td> <td>16 - Post 1st Professional</td> </tr> <tr> <td>06 - TOP Certificate</td> <td>17 - Master Degree</td> </tr> <tr> <td>07 - Started college</td> <td>18 - Post Master</td> </tr> <tr> <td>08 - 1 year of college</td> <td>19 - 6th year Degree</td> </tr> <tr> <td>09 - 2 years of college</td> <td>20 - Post 6th year</td> </tr> <tr> <td>10 - Associate Degree</td> <td>21 - Doctorate Degree</td> </tr> <tr> <td></td> <td>22 - Post Doctorate</td> </tr> </table> | 00 - Not applicable | 11 - 3 years of college | 01 - No formal or some elementary | 12 - 4 years of college | 02 - Elementary graduate | 13 - Bachelor Degree | 03 - Some high school | 14 - Post Bachelor | 04 - High school graduate or certificate of equivalency | 15 - 1st Professional | 05 - Terminal Occupational Program (TOP) | 16 - Post 1st Professional | 06 - TOP Certificate | 17 - Master Degree | 07 - Started college | 18 - Post Master | 08 - 1 year of college | 19 - 6th year Degree | 09 - 2 years of college | 20 - Post 6th year | 10 - Associate Degree | 21 - Doctorate Degree | | 22 - Post Doctorate | <p>Item 14 - Enter appropriate code or abbreviation.</p> <table border="0"> <tr> <td>CC - Career Conditional</td> <td>1 - Regular</td> </tr> <tr> <td>C - Career</td> <td>2 - Reserve</td> </tr> <tr> <td>T - Temporary</td> <td>3 - National Guard</td> </tr> <tr> <td>E - Excepted</td> <td>I - Intermittent</td> </tr> </table> | CC - Career Conditional | 1 - Regular | C - Career | 2 - Reserve | T - Temporary | 3 - National Guard | E - Excepted | I - Intermittent |
| 00 - Not applicable | 11 - 3 years of college | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 - No formal or some elementary | 12 - 4 years of college | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 - Elementary graduate | 13 - Bachelor Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 - Some high school | 14 - Post Bachelor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 - High school graduate or certificate of equivalency | 15 - 1st Professional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 - Terminal Occupational Program (TOP) | 16 - Post 1st Professional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 - TOP Certificate | 17 - Master Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 - Started college | 18 - Post Master | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 - 1 year of college | 19 - 6th year Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 - 2 years of college | 20 - Post 6th year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 - Associate Degree | 21 - Doctorate Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22 - Post Doctorate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CC - Career Conditional | 1 - Regular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C - Career | 2 - Reserve | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T - Temporary | 3 - National Guard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E - Excepted | I - Intermittent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 5 - Enter years and months of continuous Federal Government service.</p> | <p>Item 15 - To be computed and filled in by the nominating training office.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 6 - Follow local procedures.</p> | <p>Item 16 - Self-explanatory.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 7 - Follow local procedures.</p> | Section B - TRAINING COURSE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 8 - Self-explanatory.</p> | <p>Items 17, 18, and 19 - Self explanatory.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 9 - Self-explanatory.</p> | <p>Item 20 - Course Codes - See reverse.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Item 10 - Self-explanatory.</p> | <p>Item 21 - Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Item 22a - Follow DoD component instruction.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Item 22b - Enter training source catalog/course ID number.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Item 22c - Follow local procedures.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Items 23a & b - Enter in year, month, day sequence the course dates (e.g., June 15, 1977 would be entered as 770615).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

| | | | |
|---|---|---|-------------------------|
| A. Agency code and subelement, and submitting office number (xx-xx-xxxx) | B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number) | C. Request Status or Process Code (X one) | D. Amendment No. |
| | | (1) Initial (2) Resubmission (3) Correction (4) Cancellation | |

Section A - TRAINEE / APPLICANT INFORMATION

| | | | | |
|---|--|--|---|--|
| 1. Name (Last, First, Middle Initial) | 2. 1st 5 letters of last name | 3. Social Security Number | 4. Ed. level | 5. Continuous Federal Svc a. Years b. Months |
| 6. Home Address (Street, City, State and ZIP Code) (optional) | 7. Phone Numbers (Include area code) | | 8. Position Title | |
| | a. Home | | | |
| 11. Organization Name | (1) Commercial | | 9. Position Level (X one) | |
| | (2) Autovon | | | |
| 12. Organization Mailing Address (Include ZIP) | 13. Organization UIC | | 10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC / or Navy Designator) | |
| | 16. Are you handicapped or disabled? (X one) | | | |
| | | Yes | 14. Type of Appointment | |
| | | No | | |
| | | 15. No. prior non-government training days | | |

Section B - TRAINING COURSE DATA

| | | | | |
|--|-----------------------|------------------------------|---|-------------------------|
| 17. Course Title | | | | |
| 18. Training Objectives (Benefits to be derived by the Government) | | | 19. Recommended Training Source, School or Facility | |
| | | | a. Name | |
| | | | b. Mailing address (Include ZIP) | |
| | | | c. Location of training site (If other than 19b) | |
| 20. Course Codes | | | | |
| a. Purpose | f. Security Clearance | k. Training Program | | |
| b. Type | g. Allocation Status | l. Reason for Selection | 21. Course hours (4 digits) | |
| c. Source | h. Priority | 23. Training Period (YYMMDD) | | 22. Course Identifiers |
| d. Special Interest | i. Training Level | a. Start | a. Duty | a. SAID |
| e. Training Vendor | j. Method of Training | b. Complete | b. Non-duty | b. Catalog / Course No. |
| | | | c. TOTAL | c. Offering / TLN |

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

| | | | | |
|--|--|---|--|--|
| 24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box → | | | | |
| 25. Direct Costs | | 26. Indirect Costs (For information only) | | 27. Accounting Classification |
| a. Tuition cost | | a. Travel cost | | |
| b. Books, material, other costs | | b. Per diem/other costs | | |
| c. Total direct costs | | c. Total indirect costs | | |
| d. Funding source | | 28. Labor Costs | | 29. Signature of Fiscal Officer (Follow local procedure) |
| 31. Job Order No. | | | | |
| | | | | 30. Total of Direct & Indirect Costs |

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

| | | | | | | | |
|---|--|-------------------------------------|---------|---|------------------------------|-------------------------------------|---------|
| 32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) | | | | 33. Training Officer: I certify this training meets regulatory requirements. | | | |
| a. Typed Name (Last, First, Middle Initial) | | b. Phone number (Include area code) | | a. Typed Name (Last, First, Middle Initial) | | b. Phone number (Include area code) | |
| c. Signature & Title | | | d. Date | c. Signature & Title | | | d. Date |
| 34. Authorizing Official | | | | 35. Course Acceptance (To be completed by school official) | | | |
| a. Action (X one) → | | (1) Approved | | (2) Disapproved | | | |
| b. Typed Name (Last, First, Middle Initial) | | c. Phone number (Include area code) | | a. Accepted | c. School Official Signature | | d. Date |
| | | | | b. Not Accepted | | | |
| 36. Course Completion (To be completed by school official) | | | | | | | |
| d. Signature & Title | | | e. Date | a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → | | b. Actual Completion Date (YYMMDD) | |
| | | | | | | c. Grade | |
| 37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to: | | | | d. Signature & Title | | | |
| | | | | e. Date | | | |
| 38. Certifying Government Official | | | | | | | |
| a. I certify that this account is correct and proper for payment in the amount of: \$ | | | | | | | |
| b. Signature | | | | c. Date Signed | | | |
| d. DSSN Number | | e. Check Number | | f. Voucher Number | | | |

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.