

FULFILLMENT OF DOD MANDATORY TRAINING REQUIREMENT

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

1. NAME <i>(Last, First, Middle Initial)</i>		2. COURSE NUMBER	
3. COURSE TITLE		4. COURSE LEVEL <i>(Entry, Intermediate, Senior, etc.)</i>	
5. STATEMENT 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.			
6. SIGNATURE		7. DATE SIGNED <i>(YYMMDD)</i>	8. DOD ID NUMBER
9. TITLE		10. SERIES	11. GRADE/RANK
12. OFFICE SYMBOL	13. LOCATION	14. CURRENT LEVEL <i>(Entry, Intermediate, Senior, etc.)</i>	15. DATE ENTERED CURRENT LEVEL <i>(YYMMDD)</i>

SECTION II - SUPERVISOR'S RECOMMENDATION

16. CONCURRENCE/NONCONCURRENCE <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>	
17. SUPERVISOR SIGNATURE			18. DATE SIGNED <i>(YYMMDD)</i>
19. DUTY TITLE		20. OFFICE SYMBOL	21. LOCATION

SECTION III - DISPOSITION

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