

# REQUEST FOR TRAINING ORDERS

COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to or disapproval of your request.

1. SSN - -	2. GRADE	3. NAME (LAST, FIRST, MIDDLE)	
4. DESIG/NEC:	5. SEX:	6. WORK PHONE: ( ) -	7. HOME PHONE: ( ) -
8. HOME ADDRESS:		RESERVE UNIT: LOCATION: _____ RUC: EOS: _____ WITHIN 4 MOS? YES / NO DATE RELEASED ACTIVE DUTY: IS MBR HIGH YEAR TENURE? YES / NO	
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK			
10. A. REPORT DATE: _____ TIME: _____	B. NUMBER DAYS AT _____ ADT _____ IDTT DAYS: B ___ A ___	C. DESTINATION LOCATION _____ UIC _____ COURSE: CDP _____/CIN _____ COURSE NAME:	
11. DESTINATION COMMAND CONTACTED: YES <input type="checkbox"/> NO <input type="checkbox"/> POC/PHONE NR _____			
12. TRAVEL ITINERARY: (REQUIRED FOR GTR ONLY) DESIRED DEPARTURE DATE: _____  TIME: NET _____ NLT _____  AIRPORT: DEP _____ ARR _____ FOR AFLOAT: EMBARK: _____ DEBARK:		13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO 1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Directed/(Airlift/NALO) 3. <input type="checkbox"/> POV Authorized As Most Advantageous To The Government (Justify in block 14) 4. <input type="checkbox"/> POV Authorized Not To Exceed GTR 5. <input type="checkbox"/> Transoceanic/International Travel 6. <input type="checkbox"/> Local Commute - INDICATE ONE WAY MILEAGE 7. <input type="checkbox"/> Program Manager Use Only 8. <input type="checkbox"/> Program Manager Use Only 9. <input type="checkbox"/> Program Manager Use Only	
		RBSC/AUIC	IRAD
14. JUSTIFICATION/REMARKS  RENTAL? CAR / VAN JUSTIFY: _____ TRAVEL CODE 3: ONE WAY MILEAGE JUSTIFY _____			
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors.			
15. DATE:		16. APPLICANT'S SIGNATURE:	
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.			
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:  IF FURAS, INDICATE UIC: _____ INDICATE FURAS REPORTING DATE: _____ DIFOPS: YES OR NO ACIP: YES OR NO PROF SER YEARS REQUIRED: 0, 1, 2 (VALID FOR PHYSICIANS ONLY): ____  REQ FOLLOWING TEXT CODES: _____		AUTH VARY ITINERARY: YES OR NO CONTRIBUTORY SUPPORT: (M - MUTUAL, F - FLEET, OR Z - OTHER)  PROGRAM CODES: _____ (INDICATES TYPE OF CONT. SUPPORT; FROM PROGRAM MANAGER PICK LIST)  PEACETIME SUPPORT TRACKING SYSTEM SIX DIGIT CODE: _____ (COMPLETED BY PROGRAM MANAGER)	
18. APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	UNIT CO/GCLO/OIC	DATE:
19. APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	RESFMS SITE REVIEW	DATE:
20. REMARKS/DISAPPROVAL CODE: RESERVE PROGRAM DIRECTOR: APPROVAL / DISAPPROVAL (CIRCLE)  _____ INITIAL _____ DATE			