

FULFILLMENT OF DOD MANDATORY TRAINING REQUIREMENT

Privacy Act Statement

AUTHORITY: EO 9397, November 1943 (*SSN*).

PRINCIPAL PURPOSE(S): To evaluate and determine the status of mandatory acquisition training. The purpose of soliciting the Social Security Number is for positive identification.

ROUTINE USE (S): The information provided is used for verification by the individual's supervisors and the individual's personnel office to ensure that mandatory acquisition training requirements have been fulfilled.

DISCLOSURE: Voluntary; however, failure to provide requested information may preclude an effective evaluation to determine an individual's status of mandatory acquisition training. Failure to provide the Social Security Number will not nullify the purpose of use of the requested information.

SECTION I – INDIVIDUAL REQUEST (*Type of 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. SOCIAL SECURITY 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>)			
a. CONCUR – INDIVIDUAL HAS GAINED REQUISITE SKILLS AND KNOWLEDGE AS PROPOSED IN SECTION I.		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>)			
a. APPROVED		b. DISAPPROVED	
23. SIGNATURE OF APPROVING OFFICIAL		24. DATE SIGNED <i>YYMMDD</i>)	
25. DUTY TITLE		26. OFFICE SYMBOL	27. LOCATION

General Guidance

1. Review part 2, chapter II, paragraph 8 before applying for fulfillment of a mandatory course.
2. Obtain a DD 2518 and the applicable self-assessment forms from the training coordinator at any HRO, any BUPERS Officers Community Manager, BUPERS (PERS 447), or MARCORSSYSCOM Code AP.
3. Complete the DD 2518 and self-assessment form and forward to the immediate supervisor.
4. The supervisor shall review to determine whether the member demonstrates that he or she meets the competencies sufficiently to forego attendance at the course. The supervisor shall concur or nonconcur in block 16 of the DD 2518 and forward the entire package to the second level supervisor or a flag or general officer or a member of the SES, whichever is lower, for approval or disapproval. (Note: first level supervisors who are flag or general officers or a member of the SES may sign as the approving official in block 23.)
5. After approval or disapproval the entire package shall be returned to the member. If approved, the member shall document the fulfillment in accordance with the procedures described in part 2, chapter II, paragraph 8e. (Note: the Navy military, Marine Corps military and DON civilian personnel data systems each has a unique course coding system. Therefore, DAU course codes must be converted to the applicable DON-unique codes. Instructions for completing and processing the DD 2518 may be obtained from the training coordinator at any HRO, any BUPERS Officer Community Manager, BUPERS (PERS 447), or MARCORSSYSCOM Code AP.)