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:

9. TYPE: ☐ AT ☐ IDTT ☐ ADT ☐ GROUP ☐ IADT ☐ INVOL ☐ NON-PAY ☐ MOD ☐ BACK-TO-BACK

10. A. REPORT	B. NUMBER DAYS:	C. DESTINATION LOCATION _____ UIC_____
DATE:	AT_____ ADT_____	COURSE: CDP_____ /CIN_____
TIME:	IDTT DAYS: B_____ A_____	COURSE: NAME_____

11. DESTINATION COMMAND CONTACTED: YES ☐ NO ☐ POC _____

12. TRAVEL ITINERARY:
DESIRED DEPARTURE:
DATE: _____
TIME: NET _____
NLT _____
AIRPORT: DEP _____
ARR _____
FOR AFLOAT:
EMBARK: _____
DEBARK: _____

13. TYPE TRAVEL: ☐ CONUS ☐ OUTCONUS ☐ NATO

1. ☐ 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. ☐ Govt. Transportation Directed/(Airlift/NALO)
3. ☐ POV Authorized As Most Advantageous To The Government
4. ☐ POV Authorized Not To Exceed GTR
5. ☐ Transoceanic/International Travel
6. ☐ Local Commute
7. ☐ Program Manager Use Only
8. ☐ Program Manager Use Only
9. ☐ Program Manager Use Only

14. JUSTIFICATION/REMARKS:

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:

18. APPROVED ☐ DISAPPROVED ☐	UNIT CO/GCLO/OIC	DATE:
19. APPROVED ☐ DISAPPROVED ☐	RESFMS SITE REVIEW	DATE:

20. REMARKS/DISAPPROVAL CODE:

Directions to Complete Request for Training Orders Form

Block 1: Social Security Number of Applicant

Block 2: Grade of Applicant (example: E4 or O3)

Block 3: Last Name, First Name and Middle Initial of Applicant

Block 4: Designator (Officer) or NEC (Enlisted) of Applicant

Block 5: Sex of Applicant (needed for Berthing considerations)

Block 6: Work phone number of Applicant

Block 7: Home phone number of Applicant

Block 8: Complete Home Address of Applicant (Should be same address as on RSTARS file. If not, put in appropriate address change via RSTARS.)

Block 9: Check appropriate type(s) of training.

- AT - Annual Training (required each fiscal year)
- IDTT - Inactive Duty Training Travel
- ADT - Active Duty Training (in addition to AT, performance of ADT does not remove the AT requirement)
- Group - A member of a group (Must travel same location, same travel code)
- IADT - Initial Active Duty Training
- INVOL - A mandatory driller involuntarily performing training
- Non Pay - Training performed with no pay, per diem, or allowances (Can be either AT or ADT)
- MOD - Modification (Check only the blocks that require change and attach RSTARS documentation and justification)
- Back-to-Back - Orders, AT and/or ADT that are in conjunction with one another

Block 10A: Report Date and Time of requested type training.

B: Requested number of AT/ADT days, number of IDTT days in conjunction with AT/ADT is desired Before (B) or After (A) (place number in appropriate space). (IDTT must be performed at site of AT.)

C: Training Location Site and UIC. Completion of CDP/CIN and name of requested course is mandatory.

Block 11: Point of Contact at Training Site. (If contacted)

Block 12: Desired Travel Itinerary to Training Site

Provide departure date (One day travel INCONUS, two days travel OUTCONUS) with Not Earlier Than (NET) and Not Later Than (NLT) departure times. Provide desired airport Departure (DEP) and Arrival (ARR). Provide embark/debark for training afloat. (LANTREP/PACREP confirm)

Block 13: Type of Travel Mode 1 is a Government Transportation Request (GTR) and is the directed method of travel and should be the primary choice.

Travel Modes 2-6 are authorized methods of travel and may be selected in lieu of a GTR provided they satisfy mission requirements.

Travel Modes 7-9 are for program manager use (refer to COMNAVRESFORINST 1571.7G, Chapter 7). These modes of travel may be requested in unusual circumstances. However, approval by Echelon III program managers must be fully justifiable.

Block 14: Use this block to justify any entry that may require an explanation

Block 15/16: Date of Application and Signature by Applicant is mandatory

Block 17: List appropriate test codes and additional instructions required in the performance of training

Block 18: Check only one block. Signature of unit CO/GCLO/OIC is mandatory.

Block 19: Check only one block. This approval or disapproval is ultimately the responsibility of the commanding officer of the RESFMS site. However, review and approval/disapproval may be delegated.

Block 20: Amplifying remarks for disapproval in Blocks 18 and 19.