

MILITARY SEALIFT COMMAND CIVMAR TRAINING REQUEST FORM
SUBMIT COMPLETED & APPROVED FORM TO: msc_civmar_training@us.navy.mil
SEE LAST PAGE OF THIS FORM FOR REQUIRED E-MAIL SUBJECT LINE

| | | | |
|--|---------------------|---|---------------------------|
| Name (Last, First, Initial): | Permanent Position: | Permanent Coast: | Department Head's E-mail: |
| Personal Phone #: | | Personal E-mail: | |
| Work Phone #: | | Work E-Mail: | |
| 1. Current Assignment: | | 2. My location on day of departure for training: | |
| If assigned to a Ship, Ship's Name: | | | |
| 3. Are you being paid off Ship? | | 4. Will you be on Ship's Funded Leave (SFL)? | |
| If YES, provide date: | | If YES, there will be <u>NO</u> official travel entitlement in conjunction with training. | |
| 5. Orders to be completed by: NOTE: The Ship Purser/Master will process any required travel orders for CIVMARS attached to a ship. | | 6. Do you require advance pay? NOTE: If you do not have personal funds to cover rental car/lodging/meal expenses while in training until reimbursed by MSC, you should select YES . Advance will only be paid if all previous travel has been settled. | |

7. Provide the Course Title, Authorized Vendor, and Dates of each Training Course requested:

| TRAINING COURSE (TITLE) | VENDOR/LOCATION | DATE FROM | DATE TO |
|-------------------------|-----------------|-----------|---------|
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8. Provide specific dates you are available for training, in the event the above dates are not available for the selected courses:

Date From: _____ **Date To:** _____

TRAVEL TO TRAINING LOCATION

| | |
|---|--|
| 9. Depart for training from: If 'Home' 'Ship' or 'Other' - Provide Address: | 10. Mode of travel to/from training: If AIR , name of airport nearest to departure location: |
| 11. Transportation at training site: If rental required, do you have a valid Driver's License and credit card (<u>NOT DEBIT CARD</u>): | 12. Lodging required at training location: If Yes , make your lodging arrangements via e-mail msc_civmar_hotel@us.navy.mil or phone Norfolk @ 757-443-1833 or San Diego @ 619-524-9928. |
| RETURN TRAVEL | |
| 13. Return location upon completion of training: If 'Home' 'Ship' or 'Other' - Provide Address: | 14. If return mode of travel is different from initial travel, provide information: |

15. Additional Information:

FOR OFFICIAL USE ONLY: Privacy Act Statement Authority — This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act. **Purposes and Uses** — The primary purpose of the information collected is for use in the administration of the HRMS to document the nomination of trainees and completion of training. This information becomes a part of the permanent employment record of participants in training programs, and is subject to all of the published routine uses of that system of records. **Effects and Nondisclosure** — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

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E-mail Subject Line Format Examples: Department\Training Start Date (MM.DD.YY)\Last Name, First Name\Rate

- (1) Initial request: DECK\08.23.22\Doe, John\AB;
- (2) Modification: **MOD** DECK\08.23.22\Doe, John\AB; and
- (3) Cancellation: **CANX** DECK\08.23.22\Doe, John\AB.