



**UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001**

(FSME-14-072, July, Training, Forms)

July 15, 2014

ALL AGREEMENT STATES

NOTIFICATION OF NEW TRAINING AND TRAVEL FORMS ON AGREEMENT STATE WEB SITE (FSME-14-072)

Purpose: To provide notification of new training and travel forms, and instructions for completing and submitting vouchers for reimbursement.

Background: It was determined that additional information was needed on the training and travel forms, and that fillable forms would eliminate hand written entries, providing a more legible form which could be quickly processed.

Discussion: We request, effective immediately, that the new forms located on our Web site, <http://nrc-stp.ornl.gov/training.html> be used to request training and the associated travel. The new forms are listed here, and samples are enclosed:

- Training Application
- Travel Application

In addition, we are now offering direct deposit of reimbursements. The Direct Deposit Authorization Form is located on our Web site as well, and a sample is enclosed. Lastly, we have issued new instructions for completing and submitting vouchers for reimbursement. These instructions are also located on our website, and a sample is enclosed.

If you have any questions regarding this correspondence, please contact me at 301-415-3340 or the individual names below:

POINT OF CONTACT: Marcia Casby
TELEPHONE: (301) 415-6525

INTERNET: AStrainingandtravel.Resource@nrc.gov

/RA Duncan White for/

Laura A. Dudes, Director
Division of Materials Safety and State Agreements
Office of Federal and State Materials
And Environmental Management Programs

Enclosures:

1. Training Application Form
2. Travel Application Form
3. Direct Deposit Authorization Form
4. Travel Voucher Instructions

NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF APPLICATION FOR TRAINING COURSE/WORKSHOP

Please complete and return to: ASTrainingandtravel.Resource@nrc.gov.

If you have any questions or comments about this form, please contact Marcia Casby at 301-415-6525

SECTION I TO BE COMPLETED BY APPLICANT																														
Name: Click here to enter text.	STATE: Click here to enter text.																													
E-Mail Address: Click here to enter text.	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>																													
Business Phone: Click here to enter text.																														
Name of Organization/State: Click here to enter text.																														
Street: Click here to enter text.																														
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.																												
COURSE/WORKSHOP INFORMATION																														
Title of Course/Workshop: Click here to enter text.																														
Course Number: Click here to enter text.																														
Location (City/State): Click here to enter text.																														
Start Date: Click here to enter a date.	End Date: Click here to enter a date.																													
QUALIFICATIONS																														
Title: Click here to enter text.																														
Description of current duties: Click here to enter text.																														
<p>Check Prior NRC Training:</p> <table style="width: 100%; border: none;"> <tr> <td>G-108 <input type="checkbox"/></td> <td>G-109 <input type="checkbox"/></td> <td>G-205 <input type="checkbox"/></td> <td>H-111 <input type="checkbox"/></td> <td>H-115 <input type="checkbox"/></td> <td>H-117 <input type="checkbox"/></td> <td>H-119 <input type="checkbox"/></td> </tr> <tr> <td>H-120 <input type="checkbox"/></td> <td>H-121 <input type="checkbox"/></td> <td>H-122 <input type="checkbox"/></td> <td>H-123 <input type="checkbox"/></td> <td>H-201 <input type="checkbox"/></td> <td>H-304 <input type="checkbox"/></td> <td>H-305 <input type="checkbox"/></td> </tr> <tr> <td>H-308 <input type="checkbox"/></td> <td>H-312 <input type="checkbox"/></td> <td>H-313 <input type="checkbox"/></td> <td>H-314 <input type="checkbox"/></td> <td>H-315 <input type="checkbox"/></td> <td>H-410 <input type="checkbox"/></td> <td>H-411 <input type="checkbox"/></td> </tr> <tr> <td>H-413 <input type="checkbox"/></td> <td>H-500 <input type="checkbox"/></td> <td>S-201 <input type="checkbox"/></td> <td colspan="4"></td> </tr> </table>			G-108 <input type="checkbox"/>	G-109 <input type="checkbox"/>	G-205 <input type="checkbox"/>	H-111 <input type="checkbox"/>	H-115 <input type="checkbox"/>	H-117 <input type="checkbox"/>	H-119 <input type="checkbox"/>	H-120 <input type="checkbox"/>	H-121 <input type="checkbox"/>	H-122 <input type="checkbox"/>	H-123 <input type="checkbox"/>	H-201 <input type="checkbox"/>	H-304 <input type="checkbox"/>	H-305 <input type="checkbox"/>	H-308 <input type="checkbox"/>	H-312 <input type="checkbox"/>	H-313 <input type="checkbox"/>	H-314 <input type="checkbox"/>	H-315 <input type="checkbox"/>	H-410 <input type="checkbox"/>	H-411 <input type="checkbox"/>	H-413 <input type="checkbox"/>	H-500 <input type="checkbox"/>	S-201 <input type="checkbox"/>				
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H-413 <input type="checkbox"/>	H-500 <input type="checkbox"/>	S-201 <input type="checkbox"/>																												
SECTION II TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR																														
Please provide a brief statement indicating why you want this individual to attend this course: Click here to enter text.																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Please indicate the purpose of training:</p> <p>Initial Qualification* <input type="checkbox"/></p> <p>Cross-Training: <input type="checkbox"/></p> <p>Refresher Training: <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> Click here to enter text.</p> <p>* Check "Initial Qualification" <u>only</u> if training is required to initially qualify the student as Inspector/License Reviewer as part of their current duties.</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p>If submitting more than one application, indicate priority level: Priority: <input type="checkbox"/> of: <input type="checkbox"/> (# of Apps.)</p> </div> </div>																														
Radiation Control Program Director: Click here to enter text.		Date: Click here to enter a date.																												
Phone #: Click here to enter text.																														
SIGNATURE:																														

Revised: June 2014

Enclosure 1

**NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF
TRAVEL APPLICATION FORM**

TRAVEL PURPOSE			
			STATE:
TRAINING COURSE/WORKSHOP:			
COURSE NUMBER:			
LOCATION (CITY/STATE):			
COURSE START DATE:		COURSE END DATE:	
TRAVELER INFORMATION			
NAME:		SS#:	
HOME ADDRESS		BUSINESS ADDRESS	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
E-MAIL ADDRESS:		WORK PHONE #	
TRIP INFORMATION			
DATE OF DEPARTURE:		DATE OF RETURN:	
DEPARTURE CITY:		RETURN CITY:	
AIRLINE/FLIGHT #:		AIRLINE/FLIGHT #:	
DESTINATION CITY:			
AIRFARE QUOTED BY CARLSON TRAVEL:		RECORD LOCATOR #:	
R/T MILES (IF PLANNING TO DRIVE)**:		STATE OWNED VEHICLE: (YES/NO):	
LODGING ARRANGEMENTS MADE (YES/NO):			
HOTEL:			
HOTEL RATE:			
HOTEL PHONE:			

* If you have provided your social security number previously this fiscal year, we only require the last 4 digits.

** If you plan to drive a personal vehicle and claim mileage reimbursement, a cost comparative is required. If you plan to drive a State owned vehicle, it is not necessary to complete the Cost Comparative below

Please call Carlson Travel at 1-800-453-8396 and provide the travel attendant with your flight requirements. The Carlson Travel attendant will provide you with options, advising you of the Government Contract Carrier. If the Government Contract Carrier is available, but refused, please indicate the reason for refusal below. Note that Carlson Travel Business hours are 8:00 a.m. – 6:00 p.m. EST. Please complete this form and e-mail to ASTrainingandtravel.Resource@nrc.gov along with Carlson Itinerary, if applicable. If you have any questions, please contact the Training and Travel Coordinator, Marcia Casby, at 301-415-6525.

Justification for non-use of Government Contract Carrier:

COST COMPARATIVE TO DRIVE VERSUS FLY (COMPELTE ONLY IF YOU PLAN TO DRIVE)			
FLY		DRIVE	
Cost of Flight if Flying (provided by Carlson Travel)	\$	Total Mileage at .56/per mile:	\$
Airport Parking	\$	Additional Hotel Night (if required)	\$
Taxi Fare to/from Airport and Hotel	\$	Additional Per Diem (if required)	\$
Taxi Fare to/from Hotel and Course Location	\$	Other Expenses (tolls, etc.)	\$
TOTAL	\$	TOTAL	\$



DIRECT DEPOSIT AUTHORIZATION FORM

FOR AGREEMENT STATE TRAINING/TRAVEL REIMBURSEMENTS

ACCOUNT HOLDER INFORMATION		
Last Name:	First Name:	Initial:
Social Security Number:		
Work Phone:		
Action: New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>		Effective Date:
ACCOUNT INFORMATION		
Name of Financial Institution:		
Routing Number:		
Account Number:		
Type of Account: Checking <input type="checkbox"/> / Savings <input type="checkbox"/>		

I hereby authorize the U.S. Nuclear Regulatory Commission (NRC) to initiate electronic deposits to my account at the financial institution named above. I agree not to hold the NRC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the NRC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

SIGNATURE	
Authorized Signature (Primary):	Date:
Authorized Signature (Joint):	Date

Find Routing Number on Your Check

The diagram shows a check with the following labels and values:

- Your Name**: [Blank]
- Your Address**: [Blank]
- DATE**: [Blank]
- PAY TO THE ORDER OF**: [Blank]
- \$**: [Blank]
- DOLLARS**: [Blank]
- Your Bank Name**: [Blank]
- MEMO**: [Blank]
- 9 Digit Routing Number**: 123456789
- Your Account Number**: 0000987654321
- Check Number**: 1001

Return to: Mary.Matheson@nrc.gov
 Direct Questions to Mary Matheson, 301-415-8748