

DON ACQUISITION WORKFORCE TRAINING AND EDUCATION PROGRAM REQUEST FOR CANCELLATION

Acquisition Organization: _____ Student Name: _____ SSN: _____	Course Name: _____ Course Number: _____
Have you received confirmation from the school or the DON Registrar? : <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, fill in class start and end dates and location below: from _____ to _____ class location : _____	<input type="checkbox"/> CANCEL, no substitute <input type="checkbox"/> CANCEL, substitute with (DON Acquisition Training Registration Application must be attached for substitute): NAME: _____ SSN: _____

REASON FOR CANCELLATION (check one) 1. <input type="checkbox"/> Workload precludes attendance ⇨⇨⇨⇨ 2. <input type="checkbox"/> Personal schedule conflict 3. <input type="checkbox"/> Unable to travel for personal reasons 4. <input type="checkbox"/> Other (specify) _____	If #1 at left is checked, supervisor must certify: "I have read and understand the ASN(RD&A) memo of 25 Nov 96 regarding commitment to support acquisition training and allowing workforce members the opportunity to attend courses." Supervisor's Signature: _____
--	---

REQUESTED DISPOSITION OF CANCELLED STUDENT (Check one block and complete):

Return student to standby list for rescheduling later in same quarter
 (Session preferences must be provided to be considered for rescheduling)
 I am available for the sessions shown below (3 maximum):

<u>Location</u>	<u>Start Date</u>
A: _____	_____
B: _____	_____
C: _____	_____

Do not reschedule for the same quarter
 (a new DON Acquisition Training Registration Request must be submitted)

SIGNATURES			
Employee:	Date:	Supervisor:	Date:
Acquisition Organization Training Representative:			Date:

INSTRUCTIONS

Fax completed application (with substitute's training registration application, if applicable) to the DON Registrar, fax number (717) 790-4675. **If applicable, the DON Registrar will cancel your assigned travel accounting data upon receipt of this application. DO NOT pass your assigned travel accounting data to substitute. To enroll in course offerings in future quarters, you must reapply through your command.**

PRIVACY ACT STATEMENT

1. **Authority.** Authority to request this information is contained in Title 5, USC 4103, Establishment of Training Programs. Title 5, USC 4115, Collection of Training Information Agreement between the Department of the Navy and the Department of Labor, Bureau of Apprenticeship and Training, Registration of the Navy Apprentice Program - June 1968.

2. **Principal Purpose.** The purpose of this application is to permit the individual to cancel their registration in a DAU acquisition training course.

3. **Routine Uses.** The information is used to notify the training facility of cancellation. The information is also used for cost analysis, budget estimates and financial planning.

4. **Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information.** Completion of this application is required. Failure to provide detailed information may result in denial of future requests for centrally funded acquisition training.

DACM3 (12/96)