



# Individual Training Progress Report

(See Privacy Act Statement on Reverse)

Name (Last, First, Middle)	SSN	
Home Address (No., Street, City, State, ZIP + 4)	Home Phone (Include Area Code)	Work Phone (Include Area Code)
	Present Position	
Work Location	<input type="checkbox"/> FLSA Exempt	<input type="checkbox"/> FLSA Non-Exempt

## Course Information

Title	Number	Functional Area
-------	--------	-----------------

## Approval

Installation Head/Designee Printed Name	Date	Phone (Include Area Code)
Signature	<input type="checkbox"/> Training Approved as Compensable	<input type="checkbox"/> Training Approved as Non-compensable

## Training Progress

Year		Module	Time			Check (✓)		Score		Initials		Remarks
—	—		Start	Finish	Total Hours	On Clock	Off Clock	Pre-test	Post-test	Em- ployee	In- structor	

Employee Signature	Authorized Time	Date Completed
	Date Form 1734 Issued	Date Terminated
	Date Form 2548 Annotated	
Supervisor Signature	Date of Certificate	

## Training Progress

Year — — — —		Module	Time			Check (✓)		Score		Initials		Remarks
Mo.	Date		Start	Finish	Total Hours	On Clock	Off Clock	Pre-test	Post-test	Em- p- loyee	In- struc- tor	

### Privacy Act Statement

The collection of information on this form is authorized by Title 39 USC 401, 1001. Completion of this form is voluntary. This information will be used for consideration and enrollment in the selected training program. This information may be disclosed to relevant Federal agencies regarding eligibility and suitability for employment, law enforcement activities where there is an indication of potential violation of the law, in connection with private relief legislation, the Office of Management and Budget, to a Congressional office at your request, to a labor organization as required by the NLRA, to the Equal Opportunity Commission when investigating an EEO complaint, and where pertinent in a legal proceeding to which the Postal Service is a party. If this information is not provided you may not receive desired training.