

HUMAN RESOURCES DEVELOPMENT & TRAINING

National Guard

Technician Personnel Management Course



Training & Development

- What we do
- Development Process
- Needs Assessment
- SF182
- ATRRS Quota source manager for PEC
- DTS
- Training & Development

Training & Development

- Regulations and Statutes
 - CNGBI 1400.25 vol 400

Includes the responsibilities of...

- NGB
- TAG
- HRO/HRDS
- Supervisor
- Training coordinators

Development Process

Individual Development Plan (IDP)

- For Employee development purposes
- Can be added to PAA for accountability
- Helps set employee for successful career
- Should list all training objectives / needs for the job
- Should list formal/informal trainings
- Good to have

Development Process

Who needs an IDP?

- **MANDATORY** for growth positions (ie: GS 9 / 11 or WG 8 / 10)
- May be used for all new employees
- **Handout IDP example**



Individual Development Plans NGB Form 650



Process:

- 1. Within 30 days of technician hire date, complete NGB Form 650.***
- 2. Ensure technician understands the training and time requirements to qualify for promotion.***
- 3. Supervisor digitally signs and dates front of form.***
- 4. Technician digitally signs and dates front of form.***
- 5. Supervisor sends signed NGB Form 650 to Human Resource Development Specialist (HRDS).***
- 6. HRDS reviews and signs front of form and returns to supervisor.***



Individual Development Plans NGB Form 650



Process continued:

7. Upon completion of training objectives, training dates are annotated.

8. Supervisor and technician digitally sign back side of form.

9. Form is sent to HRDS for review and digital signature.

10. HRDS returns form to supervisor.

11. Supervisor sends SF 52 with completed NGB Form 650 to HRO when technician is eligible for promotion.

INDIVIDUAL DEVELOPMENT PLAN (IDP)

PRIVACY ACT STATEMENT: Section 4103 of Title 5 of U. S. Code authorizes collection of this information. This information will be used by supervisors, employees and department managers to plan and/or schedule training, education or other career development activities relevant to the position. This will be a functional tool for both the supervisor and employee, to the status of the employee's progress or lack thereof. Position requirements will be listed. This form will be used to justify an employee's progress within his/her probationary year. This form will also justify for a promotion in grade, for appropriate positions. Changes to this IDP within the time frame will be noted and re-signed by the employee, the immediate supervisor, and the HRD representative. Items/goals will be noted as either short term (S/T) or long term (L/T) in nature. Information on this form is for official use only. **Attach additional pages if required**

1. NAME	2. SSN	3. POSITION TITLE	4. PAY PLAN, SERIES and GRADE
5. INITIAL/UPDATE	6. PERIOD COVERED	7. LAST UPDATED	

8. DEVELOPMENT OBJECTIVES

8a. SHORT TERM OBJECTIVES (1-12 MONTHS)	8b. LONG TERM OBJECTIVES (1 YEAR +)
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9. FORMAL TRAINING OBJECTIVES

9a. COURSE ID	9b. COURSE TITLE	9c. PROVIDER	9d. DATE SCHEDULED or PROPOSED	9e. DATE COMPLETED

10. FORMAL EDUCATION

10a. DEGREE	10b. NAME OF PROGRAM	10c. PROVIDER	10d. DATE SCHEDULED or PROPOSED	10e. DATE COMPLETED

11. ON THE JOB TRAINING (OJT)

11.a TYPE (SELF OR GUIDED)	11. b NAME OF SYSTEM OR TRAINING ITEM	11.c Provider (PRINT NAME)	11d DATE SCHEDULE OR PROPOSED	11e DATE COMPLETED

Supervisor's Printed Name:	Signature:	Date:
Technician Printed Name:	Signature:	Date:
HRD Supervisor:	Signature:	Date:

Needs Assessment

- **What is it?**
 - **Cost analysis of upcoming training needs**
 - ***based on PD/IDP***
 - **Organization's requirement**
- **Forecasted annually**
 - **Monthly breakout**
 - **Prioritize 1, 2, 3**

Needs Assessment

- **Supervisors responsibilities**
 - Forecast upcoming training needs
 - *Ensure your people conduct training*
- **Update HRD**
 - Changing needs
 - New needs
 - When needs expire
- **Accurately prioritize**
 - Priority 1
 - Priority 2
 - Priority 3

Prioritizing Training

Priorities

- **Priority I.** Statutory (U.S.C.) or regulatory training, or training that must be completed during the fiscal year in order to prevent an adverse impact on mission accomplishment.
- **Priority II.** Training required to produce skilled employees within career fields. It should be successfully completed within a specified time period, but may be delayed if funding is not available
- **Priority III.** Training for an employee performing competently to increase his/her productivity

*Majority of training will be Priority 2 and 3

Temp Tech Training

- *Temporary Technicians usually do not receive off-site training which requires tuition/travel funding*
- *But, may use Technician Budget for training when critical to job performance (rare)*
- *Temporary Technicians may (and are encouraged) attend local training classes*

Training/Travel Request

Request for training

- **Submit SF182 to HRD**
 - *Only when attending a school in T5 or T32 Status for your duty position*
- **Submit Non-Training Travel form for all other travel requests to HRD**
- **HRD reviews needs assessment**
 - Determination based on funding
- **If training requires ATRRS enrollment**
 - Contact HRD for enrollment and inform your M-Day unit you are being reserved
 - Wait for welcome letter (via email from training site)
 - Submit DTS
 - If central funded use LOA provided in welcome letter
- **AEA Memo if hotel exceeds Per Diem Rate** (Actual Expense Allowance)

Training/Travel Request

Request for training Non Training Travel Form

NON-TRAINING TECHNICIAN TRAVEL FUNDS APPROVAL FORM

The Human Resources Development Specialist (HRDS) is responsible for maintaining and monitoring the Hawaii National Guard Technician Training and Travel Budget. The Non-Training Technician Travel Funds Approval Form provides HRDS with visibility of technician travel requests not related to training. This form must be completed and forwarded to HRDS, ng.hi.hiarng.mbx.nghi-technician-travel@mail.mil, for review and HRO approval. This approved document must be uploaded to DTS for authorization approval.

1. Does this travel pertain to Technician "Training"?

YES: **Stop**. Do Not Use This Form. Complete *SF 182 Authorization, Agreement and Certification of Training*.

No: Proceed to #2

2. TECHNICIAN NAME:

3. DATES OF TRAVEL:

4. DESCRIPTION/JUSTIFICATION OF TRAVEL:

5. ESTIMATED COST OF TRAVEL:

6. I certify this travel is directly related to duties described in my position description.

7. SUPERVISORS SIGNATURE OF APPROVAL

Forward completed Non-Training Technician Travel Funds Approval Form to the HRDS at ng.hi.hiarng.mbx.nghi-technician-travel@mail.mil.

HRDS Recommendation: APPROVE DISAPPROVE

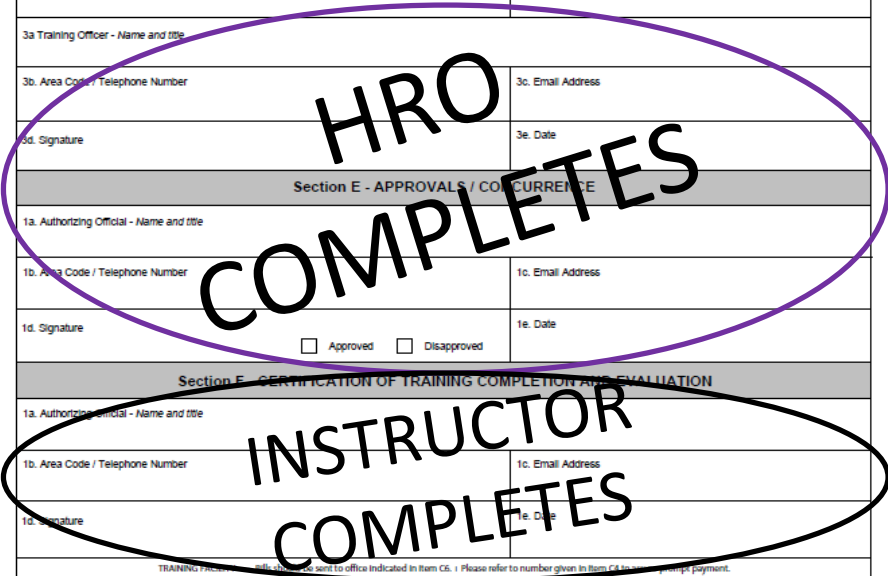
SIGNATURE OF APPROVING AUTHORITY (HRO):

Training/Travel Request

Request for training SF182

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING			A. Agency, code agency subelement and submitting office number			B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation		
Section A - TRAINEE INFORMATION Please read instructions on page 6 before completing this form								
1. Applicant's Name (Last, First, Middle Initial)			2. Social Security Number/Federal Employee Number			3. Date of Birth (yyyy-mm-dd)		
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)			5. Home Telephone (Optional) (Include Area Code)			6. Position Level (Mark (X) one) <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive		
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency))			8. Office Telephone (Include Area Code and Extension)			9. Work Email Address		
10. Position Title		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below				
12. Type of Appointment		13. Education Level (click link to view codes or go to page 7)		14. Pay Plan	15. Series	16. Grade	17. Step	
Section B - TRAINING COURSE DATA								
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)				1b. Location of Training Site (if same, mark box) <input type="checkbox"/>				
				1c. Vendor Telephone Number		1d. Vendor Email Address		
2a. Course Title		2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd)		4. Training End Date (Enter Date as yyyy-mm-dd)			
5. Training Duty Hours		6. Training Non-Duty Hours		7. Training Purpose Type (click link to view codes or go to page 9)		8. Training Type Code (click link to view codes or go to page 9)		
9. Training Sub Type Code (click link to view codes or go to page 9)		10. Training Delivery Type Code (click link to view codes or go to page 12)		11. Training Designation Type Code (click link to view codes or go to page 12)		12. Training Credit	13. Training Credit Type Code (click link to view codes or go to page 12)	
14. Training Accreditation Indicator (check below) <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator (check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NIA		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)		17. Training Source Type Code (click link to view codes or go to page 12)		
18. Training Objective				19. AGENCY USE ONLY				
Section C - COSTS AND BILLING INFORMATION								
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable					
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund			
a. Tuition and Fees	\$		a. Travel	\$				
b. Books & Material Costs	\$		b. Per Diem	\$				
c. TOTAL	\$		c. TOTAL	\$				
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS (Furnish invoice to):					
4. Document / Purchasing Order / Requisition Number								
5. 6 - Digit Station Symbol (Example - 12-34-5678)								

Section D - APPROVALS		
1a. Immediate Supervisor - Name and title		
1b. Area Code / Telephone Number		1c. Email Address
1d. Signature		1e. Date
2a. Second-line Supervisor - Name and title		
2b. Area Code / Telephone Number		2c. Email Address
2d. Signature		2e. Date
3a. Training Officer - Name and title		
3b. Area Code / Telephone Number		3c. Email Address
3d. Signature		3e. Date
Section E - APPROVALS / CONCURRENCE		
1a. Authorizing Official - Name and title		
1b. Area Code / Telephone Number		1c. Email Address
1d. Signature		1e. Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION		
1a. Authorizing Official - Name and title		
1b. Area Code / Telephone Number		1c. Email Address
1d. Signature		1e. Date



DTS Authorizations

After determining the priority of need

- Forward a completed and signed SF 182 / Non Training Travel Request through organizational channels and then to HRDS
- HRDS will then approve/disapprove training request based upon position requirements and funding. Upon approval, HRDS will process training request (e.g. publish orders, pay tuition)
- Include MOI/LOI screen shot and signed SF 182 / Non Training travel approval if not ATRRS course in your authorization request
- Include DTS Statement of understanding in authorization request
- Statement of non-availability if lodging off post when on installation in your authorization request
- Expense authorization for hotel signed by USPFO if hotel is greater than per diem rate

DTS Vouchers

Voucher must have:

- **Rental car receipt**
 - Rental car fuel receipt
 - Parking receipts for rental
- **Airfare invoice showing**
 - Ticket numbers
 - CTO fee
 - Any form of payment
 - Lodging receipts (with zero balance)

THIS IS YOUR OFFICIAL RECEIPT FOR TRAVEL
PLEASE RETAIN FOR VOUCHERING OR
REIMBURSEMENT PURPOSES.

Receipts also required for:

- Baggage and excess baggage fees
- Parking
- Registration fee
- Receipts for all expenses
- Graduation Certificate if attending school in tech status

Must have this in
top left of Airfare
Receipt!

DTS VOUCHERS

Non reimbursable expenses:

- More than 1 ATM fee every 5 days
- GPS equipment
- Gas provided by rental company (fill it yourself)
- Parking at short term
- Fee increases for air reservation not made through CTO
- Changing flight at the convenience of the traveler and not the govt. Ex: You want to get home earlier is not reimbursable

~CTO 24-hour phone #: 1-800-468-2863

References:

- CNGBI 1400.25, Vol. 400
- Joint Travel Regulations Dated 1 FEB 19



QUESTIONS

