

U.S. Department of Housing and Urban Development
HUD Training Academy

Request and Authorization of HUD Virtual University

Employee's Name: (Please Print)	*SSN:
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Course Title	Training Period Start	Complete	No. of Course Hours		Certificate? Yes/No
			During duty	Non-duty	

Purpose of Training (mark all that apply)

- Improve current job skills Learn new job skills Personal development Other (explain below)

Name of Supervisor (Please Print)	Signature of Supervisor	Date
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Remarks:

Social Security Number is required to record training information in the Training Records and Action Inventory (TRAI) automated training data system. TRAI contains a history of employees training. If you would like to have the HVU training recorded in your training history in TRAI, please forward a copy of this form to the **Department of Housing and Urban Development**, HUD Training Academy, 451 7th Street, SW, Room 2180, Washington, DC 20410 or Fax it to HVU at (202) 708-2308