



ICS INSTITUTE

Incident Command System

March 20 - 24, 2017 | Pittsburgh, PA

Instructions for Completing an SF-182 (Authorization, Agreement and Certification of Training)

The following instructions and screen captures are intended to assist you in completing your SF-182. They are not intended to override individual program or regional office guidance. Please check with your local training coordinator before preparing an SF-182. Some training coordinators may be able to prepare a group SF-182 for your region or office.

Step 1: Log into Webforms at <http://intranet.epa.gov/webforms/>.

Step 2: Create a new SF-182

	ORD-111	ORD Quality Assurance Review Form (QARF) (Workflow)
	ORD-OF41	ORD Routing and Approval Form (Workflow)
	PRIA	Recommendation of Division Directors Negotiated Due Dates (Workflow)
	R77TravelReq	Travel Request Form (Workflow)
	SF1164	Claim for Reimbursement (Workflow)
	SF182	Authorization, Agreement and Certification of Training (Workflow)
	SF281D	Notice of Change in Health Benefits Enrollment (Fill And Print)
	SF52	Request for Personnel Action (Fill And Print)

Step 3: Complete Box A Agency, code agency subelement and submitting office number. Enter your agency code and office number. For example, if you work in EPA Region 1, you would enter EPA01.

sf182 Jan2016 Academy_102815.pdf - Adobe Acrobat Pro

File Edit View Window Help

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Tools Sign Comment

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number
EPA00

B. Request Status (Mark (X) one)

Resubmission Correction Initial Cancellation

Step 4: Complete Box B Request Status. Select the correct status from the four options listed. If this is an initial request, select Initial as shown below.

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File Edit View Window Help

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Tools Sign Comment

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number
EPA00

B. Request Status (Mark (X) one)

Resubmission Correction Initial Cancellation

Step 5: Complete Section A – Trainee Information. Enter the information requested for the employee attending the training. Additional details on each box can be found on page 6 of the SF182.

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING		A. Agency, code agency subelement and submitting office number EPA00	B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission Correction <input checked="" type="checkbox"/> Initial Cancellation		
Section A - TRAINEE INFORMATION					
1. Applicant Name (Last, First, Middle Initial)		2. EHRI Employee Number		3. Date of Birth (yyyy-mm-dd)	
4. Home Address (Number, Street, City, State, ZIP Code)		5. Home Telephone (including Area Code)	6. Position Level (Mark (X) only one)		
7. Organization Mailing Address (Branch/Division/Office/Bureau/Agency)		8. Office Telephone (include Area Code and Extension)	<input type="checkbox"/> a. Non-supervisory	<input type="checkbox"/> c. Manager	
			<input type="checkbox"/> b. Supervisory	<input type="checkbox"/> d. Executive	
10. Position Title		11. Does applicant need special accommodation? If yes, please describe below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Type of Appointment	13. Education Level	14. Pay Plan	15. Series	16. Grade	17. Step

Step 6: Complete Section B – Trainee Course Data. Enter the information specific to the ICS Institute.

Section B - TRAINEE COURSE DATA				
1a. Name and Mailing Address of Training Vendor (No. Street, City, State, ZIP Code) EPA Office of Emergency Management, 1200 Pennsylvania Ave NW, Washington, DC 20460		1b. Location of Training Site (if same, mark box) -----> <input type="checkbox"/> Wyndham Grand Pittsburgh Downtown Hotel, Pittsburgh, PA		
1c. Vendor Telephone Number (703) 603-9902		1d. Vendor Email Address trainex-replies@emsus.com		
2a. Course Title ICS Institute	2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd) 2017-03-20	4. Training End Date (Enter Date as yyyy-mm-dd) 2017-03-24	
5. Training Duty Hours 32-40	6. Training Non-Duty Hours 0	7. Training Purpose Type 01 Program/Mission	8. Training Type Code 01 - Training Program Area (Technical)	
9. Training Sub Type Code 09 - Project Management	10. Training Delivery Type Code 01 Traditional Classroom	11. Training Designation Type Code 03 Continuing Education Units (CEU)	12. Training Credit	13. Training Credit Type Code 03 Continuing Education Units (CEU)
14. Training Accreditation Indicator Check Below <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15. Continued Service Agreement Required Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd) See CSA Attached	17. Training Source Type Code 01 Government Internal	
18. Training Objective ICS Institute improves the project management and response capabilities of EPA OSCs and RSCs.		19. AGENCY USE ONLY		

- Box 1a:** Office of Emergency Management
1200 Pennsylvania Avenue, NW – Mail Code 5104A
Washington, DC 20460
- Box 1b:** Wyndham Grand Pittsburgh Downtown Hotel, Pittsburgh, PA
- Box 1c:** 703-603-9902
- Box 1d:** trainex-replies@emsus.com
- Box 2a:** ICS Institute
- Box 2b:** Not applicable (Leave blank)
- Box 3:** 2017-03-20
- Box 4:** 2017-03-24
- Box 5:** 32-40 (NOTE – hours depend on which KLP course you are attending)
- Box 6:** 0
- Box 7:** 01-Program/Mission
- Box 8:** 01-Training Program Area (Technical)
- Box 9:** 09-Project Management
- Box 10:** 01-Traditional Classroom
- Box 11:** 03-Continuing Education Units (CEUs)
- Box 12:** Leave blank
- Box 13:** 03-Continuing Education Units (CEUs)
- Box 14:** Check “No”
- Box 15:** Check “No”
- Box 16:** Leave blank
- Box 17:** 01-Government Internal
- Box 18:** ICS Institute improves the project management and response capabilities of EPA OSCs and RSCs.
- Box 19:** Leave blank

Step 7: Complete Section C – Costs and Billing Information. Enter the information for costs and billing specific to the ICS Institute.

The screenshot shows a PDF form titled "Section C - COST AND BILLING INFORMATION" with the following content:

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	\$ 0.00		a. Travel	\$ Enter actual travel costs minus per diem	
b. Books & Materials	0.00		b. Per diem	Enter actual per diem costs	
c. TOTAL	\$ 0.00		c. TOTAL	\$ Enter total actual travel costs	
3. Total Training Non-Government Contribution Cost 0.00			6. BILLING INSTRUCTIONS (Furnish invoice to): USEPA RTP Finance Center		
4. Document / Purchasing Order / Requisition Number			USEPA RTP Finance Center Mail Code AA 216-01 4930 Old Page Road Durham, NC 27703		
5. 8 Digit Station Symbol (Example - 12.34.5678)					

U.S. Office of Personnel Management
Page 1
NSN 7540-01-008-3901
Standard Form 182
Revised December 2014
All previous editions not usable
(WebForms v3.8)

- Box 1a:** 0.00
- Box 2b:** 0.00
- Box 3c:** 0.00
- Box 2a:** Enter your actual/final travel costs to attend the ICS Institute minus per diem costs.
- Box 2b:** Enter your actual/final per diem costs only to attend the ICS Institute.
- Box 2c:** Enter your actual/final total travel costs to attend the ICS Institute.
- Box 3:** 0.00
- Box 4:** Leave blank
- Box 5:** Leave blank
- Box 6:** Leave blank

Please note, per diem costs include lodging, meals and incidental expenses.

Step 8: Complete Section D – Approvals. Enter the requested information for your immediate supervisor, second-line supervisor and regional training officer.

The screenshot shows a PDF form titled "Section D - APPROVALS" within an Adobe Acrobat Pro window. The form is divided into three main sections, each for a different supervisor:

- 1a. Immediate Supervisor - Name and title** (text field)
- 1b. Area Code / Telephone Number** (text field)
- 1c. Email Address** (text field)
- 1d. Signature** (text field)
- 1e. Date** (text field)
- Approval checkboxes: Approved Disapproved
- 2a. Second-line Supervisor - Name and title** (text field)
- 2b. Area Code / Telephone Number** (text field)
- 2c. Email Address** (text field)
- 2d. Signature** (text field)
- 2e. Date** (text field)
- Approval checkboxes: Approved Disapproved
- 3a. Training Officer - Name and title** (text field)
- 3b. Area Code / Telephone Number** (text field)
- 3c. Email Address** (text field)
- 3d. Signature** (text field)
- 3e. Date** (text field)
- Approval checkboxes: Approved Disapproved

Step 9: Attach the OHR memo to your SF182 by scrolling to the top of the form, and clicking the drop down menu in the upper right corner. Select the option to “View/Add Attachments”. Browse through your files to find and upload the OHR memo to your form.

The screenshot shows a dropdown menu with the following options:

- Select an Option
- Select an Option
- EXIT WITHOUT SAVING
- SAVE AND EXIT
- SAVE
- SUBMIT
- EMAIL ME A COPY
- VIEW / ADD ATTACHMENTS

The "VIEW / ADD ATTACHMENTS" option is highlighted in blue. To the left of the dropdown, there are labels for "Request Stat", "Resubmis", and "Correction".



Comments and Attachments

Save & Return to Authorization, Agree...

[Cancel](#)

HISTORY

[Delete Selected Items](#)

Documents attached by CN=Jean Balent/OU=DC/O=USEPA/C=US on 11/05/2015 at 10:12:46 AM

[classdetails.pdf](#)

Documents attached by CN=Jean Balent/OU=DC/O=USEPA/C=US on 11/06/2015 at 10:35:02 AM

[GROUP TRAINING List 24hrhealthandsafety.pdf](#)

Add Attachments

Attachments will be saved with the form.

To Select a file, click Browse.

Then click “Save & Return to Authorization, Agree...” at the very top of the Comments and Attachments page.

Step 10: After completing the Approvals section and uploading the OHR memo, save the SF182 and route the form to the appropriate reviewer (which should include the Immediate Supervisor listed in Section D, Box 1a.) in your program office or region.