ATTACHMENT # 3 TNI WORKSHEET

Employee Name: _____
Location/Area/SO: _____
Position Title: _____

Supervisor approval signature: _____ **Date:** _____
Area Training Rep signature: _____ **Date:** _____
ASTC/PSOS signature: _____ **Date:** _____

Catalog Number*	Catalog Course Name*	Priority Ranking	Prerequisites (Y/N/NA)	Date & Location of Training if Known		Total Est. Cost
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
	Non-Catalog Course Name					
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				
		1 2 3				

*Use course number and titles/names as cited in the Course Catalogs.

NOTE: Use Numerical ranking to prioritized individual training needs - circle one.

NOTE: Use the following for training requiring prerequisites: If completed, Y (Yes), not completed, N (No), and if not applicable, (NA)

NOTE: Total Estimated Cost are to include tuition/registration fees, travel, lodging, and M&IE.

Comments