

SHARP TRAINING REQUEST**SECTION 1. TRAINING REQUEST INFORMATION**

NAME _____ RANK/GRADE/GS _____ DSN# _____

UNIT _____ UNIT CDR NAME _____ CDR DSN# _____

UIC _____ UNIT LOCATION _____ TRAINING LOCATION _____

DATE REQUESTED FOR TRAINING _____ ALTERNATE TRAINING DATE _____
(YY/MM/DD) (YY/MM/DD)

CLASS SIZE _____

(more than 25 requires 2 SHARP professionals and trainers)

DATE OF LAST SHARP TRAINING (YY/MM/DD) _____

EMAIL ADDRESS (REQUIRED) _____

REQUESTER SIGNATURE W/DATE _____

By signing this document, I acknowledge that an application has been submitted on my behalf to have a SHARP professional validate unit training**SECTION 2. COURSE INFORMATION (ANNUAL TRAINING, CDR IN-BRIEF, ETC)**

SHARP TRNG REQUESTED _____

FOR SHARP ANNUAL REFRESHER TRAINING, TRAINING MUST BE LEADER LED, CONCUR: Y___N___

LEADER(S) IDENTIFIED TO GIVE TRAINING (**REQUIRED**) _____

PRIMARY DATE REQUESTED _____ TIME REQUESTED _____

ALTERNATE DATE _____ ALTERNATE TIME _____

SECTION 3. CHECKLIST FOR REQUEST APPROVAL

INITIAL PERSON REQUESTING TRAINING _____ DATE _____

LEADER IDENTIFIED TO CONDUCT TRAINING _____ DATE _____

LEADER CONDUCTING TRAINING HAS BEEN TO T3 CLASS _____ DATE _____

DATE OF TRAIN THE TRAINER (T3) CLASS ATTENDED _____ DATE _____

SUPERVISOR CONCUR / NONCONCUR W/ TRAINING DATE _____ DATE _____

SECTION 4. STATUS OF TRAINING REQUEST

STUDENT HAS BEEN CONFIRMED FOR TRAINING DATES _____

STUDENT HAS BEEN PLACED ON THE WAITING LIST FOR TRAINING DATES _____

TRAINING IS DISAPPROVED FOR THE FOLLOWING REASON(S):

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101-4118; and E.O. 9397.

PRINCIPAL PURPOSE: To request training by military and civilian personnel and to document the authorization of such training by their chain of command.

ROUTINE USE: The information provided on this form will be used to register military and civilian personnel for formal military training through the Army Training Requirements and Resources System (ATRRS).

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

SUBMISSION

Send all your submission requests to: WiesbadenSHARPTeam@army.mil

