

**Military Sealift Fleet Support Command
Training Information Bulletin 07-2011**

**Reimbursable Upgrade
Training Program**



Prepared By: Military Sealift Fleet Support Command, CIVMAR
Workforce Development Division, Training Branch

August 2011

This bulletin replaces MSFSC Training Information Bulletin dtd May 2010.

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Reimbursable Upgrade Training Program Bulletin

Ref: (a) COMSCINST 12410.11L
(b) CMPI 410
(c) CMPI 593
(d) MSFSCINST 7200.1A

Encl: (1) Training Request/Approval for Reimbursable Upgrade Training, MSFSC Form 12410/2 (Rev 8-11)
(2) Continued Service Agreement, MSFSC Form 12410/5 (Rev 8-11)
(3) Employee Training Agreement, MSFSC Form 12410/1 (Rev 8-11)
(4) Standard Form 1164

1. Purpose. The advancement of professional credentials within the workforce is vital, particularly for credentials required for difficult-to-fill positions. This bulletin describes the procedures, benefit and obligations associated with Reimbursable Upgrade Training, in accordance with references (a) through (d). The program promotes professional development by assisting mariners that successfully upgrade their licenses, document and endorsements while in an annual leave or leave without pay status, in return for continued service.

2. Cancellation. Military Sealift Fleet Support Command (MSFSC) Training Information Bulletin, Reimbursable Upgrade Training dtd May 2010.

3. Applicability. Includes training associated with original and upgrades of the following licenses, documents and endorsements:

a. United States Coast Guard (USCG) Deck License: 3rd Mate (or higher) Any Gross Tons Upon Oceans.

(1) Mariners desiring to obtain a Third Mate license must meet the following minimum requirements:

(a) Must currently hold an Able Seaman (AB) Unlimited endorsement on both their MMD and STCW credentials or be able to show evidence of having earned enough sea time to meet the requirement.

(b) Must have completed their one year probationary employment period with MSFSC.

b. USCG Engine License: 3rd Asst. Engineer (or higher) Steam or Motor Unlimited horsepower.

c. Able Seaman (AB Special, AB Limited, or AB Unlimited).

d. Lifeboatman or Standards Training Certification Watchkeeping (STCW) Proficiency in Survival Craft and Rescue Boats Other than Fast Rescue Boats endorsement.

e. Qualified Member of the Engine Department document.

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4. Benefits. Upon successful completion of the USCG examination(s) and receipt of the license or document, MSFSC will provide the following to mariners approved under this program:

a. Tuition payment - Reasonable tuition and registration fees. Reasonable fees are considered to be at the prevailing industry standard. All required training courses must be pre-approved by MSFSC to ensure eligibility requirements are met. For those personnel approved for the purpose of obtaining a USCG Deck or Engineering License, they will be required to attend MSFSC offered required courses, where applicable, free of charge while in a duty status. Mariners approved into the Reimbursable Upgrade Training Program must obtain and pay for the non-MSFSC courses required for the applicable license endorsement. Tuition will be reimbursed for the pre-approved required training courses upon completion of program.

b. Books - Required text or reference books not provided as part of the course will be reimbursed to a maximum of \$500.00.

c. Excused absence for USCG examinations - Excused absence (restoration of leave, if applicable) will be granted for actual time spent taking the USCG examination(s) up to a maximum of 4 days in accordance with reference (a).

d. Subsistence and Quarters (S&Q) - Cash in Lieu (CIL) of S&Q will be provided for the period covered in paragraph 4.c. above, in accordance with reference (c).

Note: Mariners participating in any other upgrade training program under MSFSC's auspices are governed by that guidance.

5. How to apply. Applicants must submit a completed Training Request/Approval for Reimbursable Upgrade Training, MSFSC Form 12410/2, enclosure (1), Continued Service Agreement, MSFSC Form 12410/5, enclosure (2), and the Employee Training Agreement, MSFSC Form 12410/1, enclosure (3), to the CIVMAR Training Branch, N131 Mailbox (MSFSC_CIVMAR_TRNG@navy.mil). Mariners should not enroll in any upgrade training where they expect reimbursement until they are officially notified that they have been approved.

IMPORTANT: MSFSC approval must be obtained prior to starting training. Pre-approval is essential for reimbursement eligibility.

6. Selection. Applicants for any MSFSC training program will be given fair consideration in accordance with the selection factors in reference (b), section 5-2 on the basis of merit and experience.

7. Length of Eligibility. Within two years from the date of approval, candidates shall have completed their training and obtained the license, document or endorsement. Only one extension may be granted by the CIVMAR Training Branch (N131) and it will not exceed one year in length. All extensions must be requested by the mariner prior to expiration of the initial agreement. Extensions may not be possible in every case due to operational requirements or resource limitations.

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IMPORTANT: Participation in the program does not entitle an employee to additional leave between assignments. Participation in the program requires employees to be in an annual leave or leave without pay status. Employees must obtain their Marine Placement Specialist's approval for all leave, including leave without pay, regardless of their status in this program.

8. Trainee Agreement/Certification. All mariners accepting reimbursement for upgrade training tuition will sign the Continued Service Agreement, enclosure (2). Trainee agrees to continue MSFSC service for the stated period in the agreement. The continued service time will commence upon the first day in a duty status (non-leave status) upon receiving the upgraded USCG document.

9. Training source. Any USCG approved source in the United States may be used by the mariner. No foreign training sources may be used. Class attendance must be in the United States.

10. Promotion. Participation and success in this program does not guarantee a temporary or permanent promotion.

11. Reimbursement Procedure. Claims for reimbursement must be received in the MSFSC N131 CIVMAR Training Branch within three months from the issue date of the license or document. The MSFSC N131 CIVMAR Training Branch staff will process the SF 1164, enclosure (4), once all required documentation has been received from the employee.

a. Mail claims to:

Military Sealift Fleet Support Command
Attn: Reimbursable Upgrade Training Coordinator (N131)
Bldg. SP-64
471 East C Street
Norfolk, VA 23511-2419

If mailing via DHL/FEDEX/UPS mail to:
Military Sealift Fleet Support Command
Attn: Reimbursable Upgrade Training Coordinator (N131)
Bldg. LP-26
9276 3rd Ave.
Norfolk, Virginia 23511-2419

b. Claims must include:

- (1) a signed SF 1164, enclosure (4);
- (2) a copy of the new license or document with the new STCW Endorsement;
- (3) receipts for course tuition, fees and required books as appropriate;

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(4) copies of course completion certificates.

12. Questions. Questions regarding this program may be addressed to the CIVMAR Support Center (CSC) at civmar@marinersupport.com; 1-877-562-7672 or email the MSFSC CIVMAR Training Branch, N131 at MSFSC_CIVMAR_TRNG@navy.mil.

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Serial #: _____
(Office Use only)

Training Request / Approval for
Reimbursable Upgrade Training Program

Name: _____ Rate: _____ Date of Birth (MMDDYY): _____

Signature: _____ Date: _____

Request upgrade to the following License/Document/Endorsement: (Check one)

- Master of ocean steam or motor vessels any gross tons
- Chief Mate of ocean steam or motor vessels any gross tons
- Second Mate of ocean steam or motor vessels any gross tons
- Third Mate of ocean steam or motor vessels any gross tons
- Chief Engineer of steam and/or motor vessels unlimited horsepower
- First Assistant Engineer of steam and/or motor vessels unlimited horsepower
- Second Assistant Engineer of steam and/or motor vessels unlimited horsepower
- Third Assistant Engineer of steam and/or motor vessels unlimited horsepower
- Able Seaman
- Qualified Member of the Engine Department
- Lifeboatman/Proficiency in survival craft and rescue boats other than fast rescue boats
- Other _____

MSFSC USE ONLY

- Approved Valid until: _____
- Disapproved Mariner provided copy: _____

Signature: _____ Date: _____

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Military Sealift Fleet Support Command
Continued Service Agreement

Trainee's Full Name: _____
(Print or Type)

Rate: _____

Date of Birth (MMDDYY): _____

This continued service agreement applies to individuals employed by Military Sealift Fleet Support Command (MSFSC) who participate in the Reimbursable Upgrade Training Program.

1. I AGREE that, upon completion of the MSFSC Reimbursable Upgrade Training Program, I will serve in the Department of Defense (DoD) for a period of three years. My continued service obligation will commence on the first day of work after completion of this program.
2. I UNDERSTAND that I must meet all program requirements as specified by MSFSC. Further, I AGREE that if I should fail to successfully complete the subject program due to circumstances within my control (e.g., misconduct, personal delinquency), I will reimburse MSFSC for all training costs (excluding salary) of tuition, fees, books, materials, equipment, indirect training costs and travel related expenses (i.e., per diem, mileage reimbursement, etc.) paid in connection with my attendance in the subject program.
3. I AGREE that, if I voluntarily separate from Federal Service before completing the period of service agreed to in this agreement, I will reimburse MSFSC for all training costs (excluding salary) of tuition, fees, books, materials, equipment, indirect training costs and travel related expenses (e.g., per diem, mileage reimbursement, etc.) paid in connection with my attendance in the subject program. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. For example, if the cost of training was \$15,000.00 and I completed two-thirds of the obligated service, I will reimburse MSFSC \$5,000.00 vice the original \$15,000.00.
4. I AGREE that if I voluntarily leave DoD to enter another Federal agency or other organization in any branch of the Federal Government before completing the period of service agreed to in this Agreement, I will give MSFSC N1 at least thirty working days advance written notice before the effective date of entrance into the service of the other agency. If I fail to give this advance notice, I AGREE to reimbursement of the training cost as described above.

Enclosure (2)

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5. I UNDERSTAND that, during the notice period, MSFSC will decide whether to require reimbursement of the training costs or to transfer the remaining service obligation to the gaining agency. MSFSC will notify me of the determination before the end of the notice period.
6. I UNDERSTAND that this Agreement may be terminated at MSFSC's election if I fail to fulfill this Agreement for sufficient reasons (e.g., disability retirement).
7. I UNDERSTAND that any amounts, which are due to MSFSC as a result of any failure on my part to meet the terms of this Agreement, may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
8. I UNDERSTAND the following are the procedures employees must follow in order to obtain a reconsideration of recovery amount over to seek a waiver of the agency's right to recover:
- a. MSFSC will notify me, in writing, of the amount MSFSC intends to recover;
 - b. Upon notification, I have 14 calendar days to provide United States Fleet Forces Command (USFFC) my request to reconsider the recovery amount or my appeal for a waiver of MSFSC's right to recover;
 - c. I am advised to state the ground on which I believe the determination to reconsider, or waive recovery rights, should be based;
 - d. USFFC will issue the final Department of the Navy (DoN) decision and notify me of that decision.
9. I acknowledge that this Agreement does not in any way commit MSFSC to continue my employment.
10. I AFFIRM that I am not receiving contributions, awards, or payments in connection with this training, from other government agencies or non-governmental organizations, and I shall not accept such without first obtaining approved from MSFSC N1.

By signing this Agreement, I AGREE to my compensatory obligations for training to DoD and the Federal Government.

Trainee's Signature

Date

Period of obligated Service: Three years beginning at the completion of the training program

EMPLOYEE TRAINING AGREEMENT
Reimbursable Upgrades

Note: *Nominees participating in government-sponsored training that exceeds 80 hours (or such other designated period as prescribed by the agency) must sign an Employee Agreement to Continue in Service Agreement.*

1. I understand that the terms and limitations of this agreement are:
 - a. I will attend the upgrade course of my choice (once pre-approved) and pay all costs myself,
 - b. I must accomplish this training, testing and issuance of the license or document within two (2) years from the date of the approval letter,
 - c. Once training is started and it is apparent it will continue over the two (2) year mark established in item 1.b. above, I will request an extension from the CIVMAR Training Branch (N131) to remain in the program (may or may not be approved),
 - d. I must apply for reimbursement to the CIVMAR Training Branch N131 within three (3) months of the license or document issue date,
 - e. Reimbursement will cover the reasonable cost of tuition and registration fees; and books to a maximum amount of \$500
 - f. I must apply for reimbursement to the MSFSC CIVMAR Training Branch N131 for fees associated with obtaining the license, document or endorsement, per MSFSCINST 7200.1(if applicable).
2. I agree to continue in service for the period specified on Enclosure 2 – Continued Service Agreement Form, following my request for reimbursement by the Government.
3. If I voluntarily leave the agency before completing the term noted in Enclosure 2 Item 2, I agree to reimburse MSFSC for all tuition associated with my training.
4. I further agree, if I voluntarily leave MSFSC to enter the service of another Federal agency or other branch of the Government prior to completing the period of service agreed to in Item 2 above, I will give MSFSC written notice of at least fourteen (14) work days. A determination concerning reimbursement will be made during the latter time frame. If I fail to give advance notice, I agree to pay the amount of additional expenses (5 U.S.C. 4109(a) (2)) incurred by the Government.
5. If I fail to meet terms of this agreement, any amount due the government may be withheld from monies owed me by the Government, or may be recovered by other legal means.
6. I acknowledge this agreement does not, in any way, commit the Government to continue my employment nor does my successful completion and attainment of the license or document guarantee promotion within MSFSC. I understand if there is a transfer of my service obligation to another Federal agency (or any other government agency), obligations incurred under this agreement are valid until I complete the one-year continuous service contract with the other agency or organization.
7. I am not receiving any contributions, awards or payments in connection with this training from any other government agency or non-government organization. In addition, I will not accept such without obtaining approval from the CIVMAR Workforce Development Division Head.

Employee Name (Printed)

Date of Birth (MMDDYY)

MSFSC 12410/1 (Rev 8-11)

Rate

Employee Signature

Date Signed

Enclosure (3)

		a. PAYEE (Signature)		b. DATE RECEIVED	
9. This claim is certified correct and proper for payment <i>Sign Original Only</i>					
				c. AMOUNT	
				\$	
DATE		12. PAYMENT MADE BY CHECK NO.			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					
ACCOUNTING CLASSIFICATION					
1164-210-07					
STANDARD FORM 1164					

CLAIMANT	4 A. Name (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY	
	0					
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.			
	0					
	0					
0						
0						

6. EXPENDITURES (CONTINUED) (If fare claimed in col. (g) exceeds charge for one person, show (h) the number of additional persons which accompanied the claimant)

DATE	CODE	Show appropriate code in col. (b)		Mileage Rate	AMOUNT CLAIMED			
		A - Local Travel	B - Telephone or telegraph, or	NO. OF MILES	MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
C - Other Expenses (Itemized)		(Explain expenditures in specific detail)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971. E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulator investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the firing or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service.

Your Social Security Account Number (SSN) is solicited under the authority of the internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enclosure (4)