



DEPARTMENT OF THE NAVY
FIELD SUPPORT ACTIVITY
1013 O STREET SE SUITE 301
WASHINGTON NAVY YARD DC 20374-5044

IN REPLY REFER TO
7000
Ser 85/100279
22 October 2010

From: Director, Field Support Activity
To: Distribution

Subj: REIMBURSEMENT EXPENSES FOR CIVILIAN PERSONNEL
PROFESSIONAL CREDENTIALS

Ref: (a) Assistant Secretary of the Navy (Financial Management and Comptroller) memo of 9 May 2003, Subj: "Payment of Expenses for Civilian Personnel Professional Credentials"
(b) Assistant Secretary of the Navy (Manpower and Reserve Affairs) memo of 21 Mar 2003, Subj: "Payment of Expenses for Academic Degrees and Professional Credentials"

Encl: (1) Process of Payment
(2) Request for Professional Certification
(3) Travel History Form

1. The Office of the Secretary of Defense has implemented policies allowing for the authorization of certifications to be paid for out of Operations and Maintenance, Defense appropriation. Field Support Activity has been sub-allocated a limited amount of funding for this initiative beginning in FY 03 for reimbursement on a first come first serve basis. Secretariat staff should contact Administrative Assistant for the Undersecretary of the Navy (AAUSN) for guidance.

2. Enclosures (1) through (3) provide criteria and procedures that will be used for reimbursement of Civilian Financial Management Professional Certification in accordance with reference (a). While reference (b) authorizes payment of numerous professional certifications, funding has only been provided to the Department for financial management certifications listed in enclosure (1). Reimbursement for certifications other than those listed must be financed from the command activity's operating funds.

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3. Effective immediately, enclosure (2) Request for Professional Certification has been revised to remove the submission of Social Security Number (SSN). There are no changes to enclosure (3) Travel History Form.

4. My point of contact is Wanda Harris, FSA85D, at (202) 685-1521, DSN 325-1521, or email FSA-PROFESSIONAL-CERTIFICATION@navy.mil.


V. H. ACKLEY

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PROCESS FOR REIMBURSEMENT OF EXPENSES TO OBTAIN PROFESSIONAL CREDENTIALS

1. Payment of costs associated with obtaining and renewing professional credentials including professional accreditation, State-imposed and professional licenses, and professional certification; and examinations to obtain such credentials is authorized to support the Department of the Navy's human capital goals. Given the availability of funding, an activity may pay for professional credentials that are necessary or beneficial for the employee in the performance of official duties.
2. This authority will be implemented in a manner consistent with merit system principles and as described by the following criteria. The license or certification:
 - a. Enhances productivity
 - b. Improves performance
 - c. Maximizes recruitment opportunities, especially for shortage category occupations and other labor market conditions.
 - d. Increases retention, especially for "high turnover" career fields
 - e. Broadens and develops the skill base for a quality work force to accomplish the DON's mission and ensure readiness.
 - f. Supports civilian leadership development initiatives and career path improvements to meet future requirements.
3. This authority is discretionary and is not an entitlement or benefit of employment. This authority is delegated to Commander of Navy Echelon II commands. Authority may be delegated to activity and persons in supervisory positions.
4. Field Support Activity (FSA) will manage funding for the reimbursement of civilian Financial Management Professional Certification for the Department of the Navy (DoN) with the exception of the civilians assigned to the organizations within the secretariat, which will be managed by Administrative Assistant for the Undersecretary of the Navy (AAUSN).
5. Reimbursement will be provided only for the following specific certifications once properly approved and completed:
 - a. Accredited Financial Examiner (AFE)
 - b. Certified Cash Manager (CCM)
 - c. Certified Defense Financial Manager (CDFM)
 - d. Certified Financial Planner (CFP)
 - e. Certified Fraud Examiner (CFE)
 - f. Certified Government Audit Professional (CGAP)
 - g. Certified Government Financial Manager (CGFM)
 - h. Certified Financial Manager (CFM)
 - i. Certified Information Systems Auditor (CISA)
 - j. Certified Internal Auditor (CIA)
 - k. Certified Management Accountant (CMA)
 - l. Certified Public Accountant (CPA)

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- m. Certified Public Finance Officer (CCFO)
- n. Certified Cost Estimator/Analyst (CCE/A)
- o. Certified Cost Consultant (CCC)

6. Prior approval must be granted by each command's approving official prior to an individual undertaking the certification process. The approving official's signature should indicate the following:

- a. The requested certificate is job-related
- b. Certification meets professional development needs of the employee
- c. The employee understands certification requirements and reimbursement procedures
- d. The anticipated award date is achievable and realistic.

Enclosure (2) must be used to document command prior approval of professional certification goals. This form should be completed for each individual request; signed by the designated approving official and a copy e-mailed to:

FSA-PROFESSIONAL-CERTIFICATION@navy.mil.

Certification approval has to be re-approved if an employee transfers between positions, activities or commands. Employee must renew certification request annually.

7. Reimbursement of certification/licensing expenses is subject to the availability of funds and will be made on a first come first serve basis. Where a certifying/licensing authority charges a higher amount to non-members, reimbursement is limited to the amount charged to members.

- a. Expenses which will be reimbursed:
 - (1) Costs for licenses and certifications, and their subsequent renewals
 - (2) Registration fees and application fees
- b. Expenses which will not be reimbursed:
 - (1) Fees for registration extension or late fees for renewal
 - (2) Travel and per diem costs (may be paid by parent command)
 - (3) Training and preparation fees (may be paid by parent command)
 - (4) Employees' membership fees or dues in societies or associations

All reimbursements to DoN civilian personnel are applicable to credentials approved by employing agency and awarded on or subsequent to 21 March 2003. Retroactive payment for costs incurred prior to 21 March 2003 is not authorized. Once attendees obtain certification, the Activity must submit the completed signed SF 1164 clearly itemizing all expenses, proof of payment, and a copy of the certificate to Director, Field Support Activity, via e-mail to FSA-PROFESSIONAL-CERTIFICATION@navy.mil. A copy of the required information should be forwarded to the activity's respective command for informational purposes. In order for the SF 1164 to be processed for payment a travel history form (THF), enclosure (3), must be completed and forwarded to FSA. This form is used to process payment data from the Navy to the financial institution and/or its agent. Although submission of the THF is voluntary, failure to

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furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

8. Similar to initial certification expenses, reimbursement of renewal expenses also require attendees to submit an Approval Request Form (Enclosure (2)) for command approval of the renewal prior to the renewal date. Following approval, the employee pays the renewal fee and submits proof of renewal along with the SF 1164 and the THF (Enclosure (3)). The package is coordinated through the supervisor, and then forwarded to FSA for reimbursement processing.

10. Each activity must maintain required data listed below:

- a. Individual Name (license name as it appears on the certificate).
- b. Name of the activity.
- c. Date certificate was awarded.
- d. Type of certificate.
- e. Certified cost.
- f. Date paid.
- g. Amount paid.
- h. Training for certificate/license.

REQUEST FOR PROFESSIONAL CERTIFICATION APPROVAL

THIS SECTION IS TO BE COMPLETED BY THE INDIVIDUAL REQUESTING TRAINING

Name: _____

Work Phone No.: _____

Activity Name: _____ Activity UIC: _____

Activity Address: _____

Type of Certification: _____

Training Source for Certification: _____

Cost of Training: _____

Dates of Training: From _____ To _____

Location of Training Source: _____

Anticipated award date _____ (date intend to earn certification)

THIS SECTION IS TO BE COMPLETED BY APPROVING OFFICIAL

Activity Approval Official Signature: _____

Typed/Printed Name: _____

Title: _____

Date: _____ Approval: New _____ Update _____

Claimant Name _____ Claimant Code _____

OPTIONAL

Claimant Approval: _____

Typed/Printed Name: _____

Title: _____

Date: _____

Field Support Activity (FSA) E-Mail @ FSA_PROFESSIONAL_CERTIFICATION
ATTN: Wanda Harris DATE RECEIVED _____

TRAVEL HISTORY FORM

Privacy Act Statement

Authority: 5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 209 and/or 210.

Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

Routine Use(s): To substantiate claims for reimbursement for official travel.
Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

Your Name: _____
Last, First Middle Initial

Your SSN: _____

Your Activity: _____

Your Pay Grade: _____
(example YA-2,GS-11,etc.)

Your Home Address: _____
Street Address
City, State Zip _____

For EFT/DDS payments please provide the following information:

Account Type Checking or Savings _____

Account Number _____

Financial Institutions Rounting Number: _____

Signature: _____

Date: _____

