

REQUEST FOR TRAINING

Name:

Date:

Email:

Contact Number:

Title of Training:

Sponsoring Agency:

Class Date(s)

Registration Deadline:

Describe Nature of Training:

Relevance of Training to Person, Station, or District:

Career staff requesting time off to attend: submit Personnel Leave Request form with this form

COST OF TRAINING:

Registration/Tuition:

Lodging:

Materials/Books:

Meals:

Other:

Total:

Signature*:

* By signing this form the volunteer/employee has made a request to attend training. If the request is granted, the volunteer/employee will be expected to attend. If a request is granted and you are not able to attend the training, it is your responsibility to notify the Training Officer as soon as possible. Your cancellation may affect future consideration to attend training.

REQUEST FOR TRAINING

To be completed by appropriate Coordinator (i.e. Rescue, EMS, Fire Invest.)

Approved Disapproved, explain below

Reason:

Signature:

Date:

To be completed by the Training Officer

Approved Disapproved, explain below

Reason:

Signature:

Date:

To be completed by the Fire Chief

Approved Disapproved, explain below

Reason:

Signature:

Date: