

Training Request Form

Employee: _____ Date: _____

Training: _____ Date(s): _____

Location: _____ Time(s): _____

Total Hours: _____ Total Overtime Hours: _____

Scheduled Workdays During Training: _____

Shift Coverage Needed? None: _____ Trade: _____ Vacation: _____ District-Provided: _____

Training Requested by Employee

District-Requested Training. Authorized by _____

Attach a flyer. How did you find out about this course? _____

How will you present what you learn to other district personnel? _____

Use Education Allowance? No Yes (Admin has verified funds)

District Vehicle Requested? No Yes

Will there be Travel Expenses incurred by the District? No Yes

Refer to Travel Expense & Reimbursement Policy.

Total Fees for Course including materials, etc.: \$ _____.

For Course Reimbursement: Attach proof of payment and certificate.

Shift Captain's Approval (Initial): _____ Date: _____

Training Officer's Approval (Initial): _____ Date: _____

Fire Chief's Approval (Initial): _____ Date: _____

Comments: _____

ADMIN USE
Educ Allowance

Before: \$ _____

After: \$ _____

Reimburse: Y N

By: _____