



Frederick County Fire and Rescue Department Emergency Medical and Fire Service Training Request Form

Course Requested: _____ Course #: _____
Date(s) of Course: ____/____/____ to ____/____/____ Closing Date: ____/____/____
Location of Course: _____
Full Name: _____
Social Security Number: ____-____-____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: () ____-____ Work Telephone: () ____-____ Pager Number: () ____-____
Special Needs: _____

Important - Please Note: Forms not completely filled out will be returned for re-submitting, which may result in delay for processing training requests.

Student's Signature: _____ Date: _____

Field Supervisor's Signature: _____ Date: _____

Supervisor's Comments: _____

TRAINING DIVISION USE ONLY

Date Received: _____ Date Reviewed: _____

Date Notification Sent: ____/____/____ Notification Sent To: Student ☐ Other ☐ _____

Course Attendance:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Educational Leave:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Tuition Reimbursement Expense:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Registration Costs:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Lodging / Meals Expense:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Mileage Reimbursement / Pool Car:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Textbook / Materials:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

Registration Cost: _____ Books/Materials Cost: _____ Lodging Cost: _____ Meals Cost: _____

Division Head Signature: _____ Date: _____

Comments: _____

Department Director Signature: _____ Date: _____

Personnel Director Signature: _____ Date: _____

County Administrator Signature: _____ Date: _____

Comments: _____