



**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: _____