

Whatcom County Fire District No. 7 Training Request Form

Requesting Employee: _____ Date: _____

Required Training Elective Training Assigned Training

Course Requested: _____

Location of Course: _____

Date of Class Requested: _____ to _____

Class Time(s): _____ to _____

Are you working on any of the dates of this training? If so, please list the dates:

Are you willing to take vacation or comp time to attend this training? Yes No

Why do you feel this training will benefit the District?

Are you requesting any of the following?

District vehicle Airfare Mileage Other _____

Breakfast Lunch Dinner Other _____

Are you requesting overtime or comp time for any dates you are not scheduled to

work? Overtime: Yes No Comp. Time: Yes No

If so, please list dates: _____

REQUEST APPROVAL / DENIAL

Item	Approved	Approved Amount	Denied
Tuition			
Transportation			
Meals			
Overtime		Max. Hours	
Other			

Administrative Signature: _____

Distribution: White Copy: Admin. Asst. - Yellow Copy: Employee - Pink Copy: Training File