

Training/Special Assignment Request Form

Name: _____ DATE: _____

Name of Program/Course you wish to attend: _____

Location of the Program/Course: _____

Start Date	Start Time	Ending Date	Ending Time	Total Hours

Is this Course/Program required for your job? YES or NO

How will YOU benefit from this Course/Program?

How will the Department benefit from sending you to this Course/Program?

Have you covered any duty time or on-call time? YES or NO or Not on Call/Duty

If YES how? _____

Type of Compensation Requested: NONE

	County Vehicle	# of miles			
	Registration Fee	Amount:			
	Book/Materials	Amount:			
	Accommodations	# of days/nights		Room Rate:	
	Meals	# of B/L/D			
	Special Assignment	# of Hours			
	TDA	# of Hours			
	Other				

Can you handle your own registration, reservations, etc. and be reimbursed after you successfully complete the class? YES or NO

PLEASE ATTACH A NON RETURNABLE COPY OF ALL APPLICABLE COURSE/PROGRAM INFORMATION

DATE: _____

EMPLOYEE SIGNATURE: _____

CAPTAIN'S SIGNATURE: _____

Approved / Denied

DEP. CHIEF SIGNATURE: _____

Approved / Denied