



NWFR Training Request Form

Requesting Employee: _____

Date: _____

Department/Category: _____

- Administration
- Training Division
- EMS
- Fire Suppression
- Apparatus Operation
- Rescue
- Fire Prevention
- Maintenance

Title of the training requested:

Please attach a copy of the course description, flyer, information etc.

Does this require any equipment or manuals/books? No Yes

Location of the training:

Dates of the training:

Class Times:

Are you scheduled to work any of the dates:

What are you requesting?

- Shift Coverage
- Overtime
- District Vehicle
- Mileage
- Airfare
- Food Stipend
- Hotel/Lodging

Why should you attend this training and how would this benefit you current or future position?

Please attach additional paperwork as necessary.

Employee Signature: _____

Date: _____

Officer or Department Head Signature: _____

Date: _____

Training Division Request Approval/Denial

Approved:	Shift Coverage	Denied:	Shift Coverage	Employee Notified:	Yes	No
	Overtime		Overtime	Officer Notified:	Yes	No
	District Vehicle		District Vehicle	DC Ops Notified:	Yes	No
	Mileage		Mileage	Training Hours Entered:		
	Airfare		Airfare			
	Food Stipend		Food Stipend			
	Hotel/Lodging		Hotel/Lodging			

Training Division Signature: _____