

RUSSELLVILLE FIRE DEPARTMENT



"Exceptional Service"

Training Request Form

Division

Name:

Training Class Requested:

Date of Request:

**Please enclose a registration form, flyer or conference outline with this request form.*

Date(s) of Class: thru

Mileage:

Dept. Vehicle

Location of Class:

Location Phone:

Total Cost to the Department:

**Please submit a detailed cost breakdown i.e., hotel, meals, airfare, fuel, parking, etc.*

Requesting Shift Coverage: Yes

No If "Yes", Date(s) Requested:

Please describe how this training will directly benefit the Department:

**I understand certain segments of this training may be physically demanding. If I have special accommodations to complete the program activities, I will notify the Training Division immediately. If approved for the program, I understand that it is my responsibility to attend all of the sessions. If I cannot fulfill program requirements, I will notify the Training Division immediately. Failure to notify may result in being billed for the reimbursement costs of the program.*

Class Applicant Signature:

Date:

Battalion / Division Chief Signature:

Date:

Training Officer Signature:

Date:

Training Approved

Training Denied

Funded

Partially Funded

Non-Funded

Reimbursable

IMPORTANT: This Training Request Form will only be accepted if it is completed in its entirety. Incomplete training requests will be returned for re-submittal or denied.