WINTERGREEN FIRE AND RESCUE
TRAINING REQUEST FORM

Employee's Name: _____ Date: ___/___/___

Month(s) of Class: _____

Day(s) and Time(s) of Class: ___ ___-___ ___ ___-___ ___ ___-___
___ ___-___ ___ ___-___ ___ ___-___

Total Hours Requested Off: _____

Name of Class: _____

Class Location: _____

Reason For Attending This Class:_____
_____
_____
_____

Are you requesting registration payment/ reimbursement? Yes No $_____

Are you requesting meals reimbursement? Yes No $_____

Are you requesting mileage reimbursement? Yes No $_____

Are you requesting lodging payment/reimbursement? Yes No $_____

Are you requesting paid time off? Yes No $_____

****please attach a copy of all training notices and other information****

Employee's Signature: _____

☐ Approved ☐ Denied

Chief Officer's Signature: _____