

# *Wintergreen Fire and Rescue Training Request Form*

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Month(s) Requested Off: \_\_\_\_\_

Day(s) Requested Off: \_\_\_\_\_

Hours Requested Off: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Class Location and address: \_\_\_\_\_

Explain the 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 Signature: \_\_\_\_\_