

Cicero Fire

Training request form

Note: All training is to be approved prior to registration and or attendance.

Name of requestor:		Date of request:	
Name of training or class:			
Date/s of training or class:			
Required for recertification:	YES:		NO:
Is the certification a state or federal mandate:	YES:		NO:
Location of training:			
Description of training: Include the sponsor or organization conducting the training, type of training and how it will benefit the employee on the job.			
Cost of training: break it down by transportation, lodging, food, registration etc.			
Item		Cost	
Total cost			

Shift Officer Approval: _____ Date: _____

Training Officer Approved: _____ Date: _____

Training Officer Denied: _____ Date: _____

Chief Approved: _____ Date: _____

Chief Denied: _____ Date: _____