

SNOHOMISH COUNTY FIRE DISTRICT # 7
APPLICATION FOR ATTENDANCE AT OUTSIDE TRAINING COURSE

This application must be submitted and approved prior to registration of any class that requires this agencies financial expense, change in work hours, or sponsorship in any way. Failure to have approval prior to registration will result in your acceptance of all costs, denied use of any department equipment and/or clothing, no insurance coverage and no representation of this agency in any way is allowed.

YOU MUST ATTACH A COPY OF THE COMPLETED REGISTRATION FORM TO THIS APPLICATION FORM

Name of Applicant: _____ Date of Application: _____

Course Title: _____ Class Dates: _____

Total Hours of Class: _____ Is this class / training required of your current level of certification? Yes No

If yes, what requirement is it fulfilling? _____

Course Sponsor: _____

Course Location: _____

Are you requesting time off from your regular work schedule? Yes No How many hours? _____

If yes, what type of leave are you requesting? On Duty Assignment Shift Exchange Annual Leave Comp Time

If yes, is overtime needed to cover your time off? Yes No

Are you requesting overtime compensation for off duty training? Yes No If yes, how may hours? _____

List all expenses for this course. If you can not find exact cost indicate the estimated amount by placing an "E" in front of your entered amount. EXAMPLE E\$28.00. Overnight lodging must have approval from the training officer before submitting for such an expense. Course materials purchased remain the property of Fire District # 7. Before course materials are allowable you must check with training to assure these materials are not already available.

Registration / Tuition: \$ _____ Course Materials: \$ _____

Lodging Requested: Yes No Lodging At: _____ # of Nights: _____ \$ Per Night: \$ _____

Transportation Expense: Yes No Type: _____ Cost: \$ _____

Meal Expenses (How many of each type of meal, if provided): Breakfast _____ Lunch _____ Dinner _____

List any other expense you expect with this course / class including costs: _____

Applicant Signature _____

FOR OFFICE USE ONLY - APPLICANT IS NOT TO WRITE BELOW THIS LINE

Training Officer Application Accepted: Yes No Overtime Approved (if necessary): Yes No

Applicants Assigned Battalion Chief

Absence Impacts Staffing: Yes No Date(s): _____ Position Covered with _____ hours O/T

Application: Approved Denied Reason Denied: _____

Signature _____ Date _____

Training Officer

Application Meets Criteria Yes No

If applicant is requesting O/T - Hours Are Available Per Current Contract? Yes No

Level of Sponsorship: Registration Lodging Meals Transportation Other _____

Training Request Is: Approved Denied Reason _____

Signature _____ Date _____

Original to Accounting
Copy to Applicant
Copy to Training Division