



FAUQUIER COUNTY FIRE RESCUE

Training Request Form

General Information							
Member Name				Assignment/Shift			
Course Name							
TRAINING CATEGORY (check one)	Continuing Education Training			Specialized Skill Training			
	Career Development Training			Required Training			
	Training Beneficial to Department			Other			
Justification/Benefit							
Course Information (attach class announcement/schedule)							
Course Locations/Facility						Start Date/Time	
Sponsoring Organization/Agency						End Date/Time	
Cost Information		Approved	Not Approved	Cost Information		Approved	Not Approved
Course Tuition	\$			Other	\$		
Books	\$			Lodging	\$		
Meals	\$			Travel	\$		
				Air			
				ES #			
				Personal			
Overtime (self)	Dates: _____			Hours _____			
Educational Leave	Dates: _____			Hours _____			
<p>The information provided is accurate to the best of my knowledge, and if approved, I understand I will be attending as a member of the Fauquier County Department of Fire Rescue and agree to comply with all applicable departmental procedures.</p> <p style="text-align: center;"><u>Signature:</u> _____ <u>Date:</u> _____</p>							
<u>Supervisor</u>	Recommend	Not Recommended	Signature _____			Date _____	
Comments _____							
<u>Program Manager</u> (if applicable)	Recommend	Not Recommended	Signature _____			Date _____	
Comments _____							
<u>Battalion Chief</u>	Recommend	Not Recommended	Signature _____			Date _____	
Comments _____							
<u>Deputy Chief Operations</u>	Recommend	Not Recommended	Signature _____			Date _____	
Comments _____							
<u>Deputy Chief Support Services</u>	Approved	Not Approved	Signature _____			Date _____	
Comments _____							

Sent to: Member BC Staffing Training File