



## Training Authorization Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Description of Class: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Cost of Class: \_\_\_\_\_

Class Host / Location: \_\_\_\_\_

Travel Required (District Vehicle, Meal & Lodging Compensation)

Time Off Required (Holiday Leave, Annual Leave)

- \* All Forms must be submitted prior to class start date.
- \* Submit form for approval.
- \* Maintain signed / authorized form.
- \* Re-submit form at time of request for compensation.

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Course Approved:

Training Officer : \_\_\_\_\_

Fire Chief / Designee : \_\_\_\_\_