



Winchester Fire and Rescue
TRAINING REQUEST

Date Submitted: _____

Applicant Data

Name: _____ Dept. ID#: _____

Rank: _____ Station: _____ Shift: _____

Course Information

Course Name: _____ Date(s) of Course: _____ To: _____

Course Description: _____

Course Location: _____

How Will This Course Benefit You and the Department: _____

Acknowledgement

Important: By signing below, you acknowledge your responsibilities and acceptance of the "Compensable Training" policy.

Signature: _____ Date: _____

- Student Checklist:** *(Check all that apply)*
- Completed City of Winchester Travel Authorization
 - Additional course forms
 - Pre-requisite certifications attached
 - Map Quest directions from your station
 - Course description and registration information
 - Hotel accommodation information for registration
 - Submit all forms to your supervisor for review

Supervisor Sign: _____
Date: _____
Supervisor Recommendation: **A B C Denied**
(circle one)
Explain: _____

OFFICE USE ONLY

Date Reviewed: _____ Reviewed By: _____

Approval: **Schedule A** **Schedule B** **Schedule C** **Denied**

Approved Category: _____

Post Training Delivery Required: **NO** **YES** (circle one)

Reviewer Comments: _____
