

TRAINING REQUEST FORM

General Information: Please include a copy of the completed registration form with this application.

NAME/RANK: _____ Date of Request: _____

Class Title/Course Description: _____

Date(s) of Training: _____

Date(s) of Early bird Registration Deadline: _____

Location: _____ COST OF COURSE: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Shift Dates Requiring Coverage: _____

Outside Training Classification: Category 1____, Category 2____, Category 3____

Reason for Attending/Qualifications to Attend: _____

Number of "outside" trainings applicant has participated in this year. _____

Are you currently under any department service time commitment for another class?

Yes ____ No ____ If yes, explain _____

Projected Costs filled out by Applicant

Course tuition: _____

Per Diem: _____

Mileage: _____

Hotel: _____

Airfare: _____

Rental Car: _____

TOTAL: _____

OT for days off-shift _____

*****Do not complete section below-Shift Commander only***

Costs covered by the District:

Shift coverage Overtime Elective training Required Training

APPROVAL SIGNATURES:

Shift Commander _____ Date: _____

WORKSHEET FOR OUTSIDE TRAINING REQUEST

Name of Applicant: _____

Dates of Training: _____

*****Do not complete section below-HCTC Staff only***

Lodging Mileage Per Diem Course registration fee Air Travel

APPROVAL SIGNATURES:

Training Division _____ Date: _____

Administrative Manager _____ Date: _____

Date Request was finalized: _____ Total Cost: _____

Request Approved/Approved with Reservations or Denied:

Actual Costs

Course tuition: _____

Per Diem: _____

Mileage: _____

Hotel: _____

Airfare: _____

TOTAL: _____

NOTES:

Payment for the course: Payable to vendor Payable to applicant.