



Botetourt County Fire & EMS Employee Training Request Form

Employee Name: _____

Date: _____

Name of Course: _____

Date (s) of Course: _____

Location of Course: _____

Registration Deadline: _____ Have you registered? _____

Date (s) Conflicting with Work Schedule: _____

Brief Description/Rationale for Training Requested: (Additional pages may be used, if necessary)

Training Schedule [Refer to GO-118.01]: Schedule I Schedule II Tuition Assistance

Anticipated Costs:

Course Registration \$ _____

Textbook \$ _____

Food Cost \$ _____

Lodging \$ _____

Transportation

Estimated Fuel Cost: \$ _____

Other: \$ _____

Estimated Course Cost \$ _____

of Nights: _____

Estimated Mileage: _____

Employee Signature: _____

Immediate Supervisor Use Only

Request Supported

Request Not Supported

Comments : _____

Signature: _____

Date : _____

Battalion/Deputy Chief Use Only

Request Supported Request Not Supported

Comments : _____

Recommended Course Costs for Approval:

<input type="checkbox"/> Course Registration	\$ _____
<input type="checkbox"/> Textbook	\$ _____
<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Lodging	\$ _____
<input type="checkbox"/> Transportation	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Total Recommended Amount: \$ _____

Signature: _____ Date: _____

Chief Use Only

Request Approved Request Denied

Comments : _____

Signature _____ Date: _____

Notification

Employee Notified By: _____ Date: _____

Method of Notification: Verbal Email Other _____