



# Georgetown City Fire Department

## Training Request

This form may be used in place of City Personnel Form PF-5

<b>Name:</b>	<b>Date:</b>
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<b>Position Title:</b>	<b>Department:</b>
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<b>Name of Training Program, Workshop, Seminar:</b>
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<b>Sponsor:</b>	<b>Location:</b>
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<b>Type of Training Offered:</b>
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I feel this training program will be beneficial to me in the performance of my job because:
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<b>Dates of Training:</b>
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<b>Departure Date and Time:</b>	<b>Return Date and Time:</b>
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### Estimated Expenses:

Registration/Tuition:
Lodging:
Travel:
Meals:
<b>Total Cost:</b>

Does it require advance registration?	Yes	No
Is it cheaper if you pre-register?	Yes	No
Are there group rates?	Yes	No
I will require a travel advance Amount:	Yes	No

<b>Employee:</b>	<b>Date:</b>
<b>Supervisor:</b>	<b>Date:</b>
<b>Department Head:</b>	<b>Date:</b>
<b>Assistant City Administrator:</b>	<b>Date:</b>

Comments: \_\_\_\_\_

Finance Director \_\_\_\_\_ Date \_\_\_\_\_ Funds Available \_\_\_\_\_ Funds Not Available \_\_\_\_\_

Check No. \_\_\_\_\_ Issued to: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_