

FRANKLIN COUNTY PUBLIC SAFETY

Request for Training

NAME: _____

STATION: _____

TRAINING REQUESTED: _____

DATES: _____

HOURS: _____

LOCATION: _____

SIGNATURE: _____

DATE: _____

For Office Use Only

APPROVED: _____

Mileage: _____

Meals: _____

Lodging: _____

Class Fee: _____

With Pay: _____

Comp Time

Overtime

Without Pay: _____

DISAPPROVED: _____

IF DISAPPROVED, REASON: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____