

**Yakima County Fire District 5
Training Request Form**

Revised 04/2014

To: Training Division

Date _____

Re: Request to Attend Training

DO NOT PRESUME PLACEMENT IN REQUESTED CLASS WITHOUT NOTIFICATION FROM DISTRICT OFFICE

*NAME _____ Title _____ e-mail _____

Please enclose a registration form and conference outline with this request form.

TRAINING YOU WISH TO ATTEND _____

Location _____ Phone _____
(City) (State)

Hotel or Conference Center _____

DATES OF SCHOOL _____ To _____ DAYS _____

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY
(Circle days of conference or training)

Work Days _____ Hours _____ Your Duty Week end?
(If yes, is your duty covered)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Number of comp days earned because of this class? _____
(Name of Duty Officer Replacement)

Estimated Cost To The Department \$ _____

Please describe how this training will directly benefit the Department. (Use separate sheet if necessary)

Are you willing to teach others in the District upon your return? Yes No

Candidate Signature _____ Date _____

Supervisor _____ Recommend _____ Yes _____ No _____
Meets The Dist. Training Plan

Training Officer _____ Yes _____ No _____

Deputy Chief _____ Recommend _____ Yes _____ No _____

Deputy Chief _____ Recommend _____ Yes _____ No _____

District Chief _____ Recommend _____ Yes _____ No _____

**You are responsible for registration and all arrangements for this training (hotel, travel, meals, etc.)*

Request For Training Continued

If **approval** or **recommendation** is denied, Reason _____

(Signature, Title and Date)

Other Comments:

(Name and Date)

(Attach all class, conference, seminar materials and schedules.)

(Attach completed expense and travel estimations on travel form.)

Note:
At the conclusion of the training the member attending shall forward the evaluation form, on the back of the expense planner and any certificates or proof of attendance of training, to the District office.

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COURSE EVALUATION FORM

Course Location: _____ Date: _____

Who put on training: _____

Class Name/Subject: _____

Instructor: _____ Instructor: _____

1. Was the instructor knowledgeable in the material presented? _____ Were course instructional and performance objectives achieved? _____

2. Did the presentation live up to your expectations and did you obtain material and information that will benefit you? _____

3. Would you recommend this conference to others and would you go back? And Why? _____

4. Which program stood out to be the best presentation with the most information? _____

5. Would the printed material you received during the conference be beneficial to the training division?

Are copies available? _____

6. Other information you would like to share? _____
