



Johnson County Fire Protection District
Outside Training Request
Return To Administrative Office

Name: _____

Station: _____

Course Location: _____

Course Date(s): _____

Course Name: _____

Course Cost: _____

Is this course required for re-certification? Y () N () Certification: _____

Description of Course:

How will this course benefit you and the Fire District?

Requesting: (Mark items you are requesting)

___ Course Fees / ___ Vehicle / ___ Lodging / ___ PPE/ ___ Other: _____

Signature: _____ Request Date: _____

Telephone: _____ Email: _____

***Attach any application or registration form required to attend the requested training and return to administrative office.**

Administrative Use Only

Immediate Supervisor: _____ Date: _____ Y () N ()

Battalion Chief: _____ Date: _____ Y () N ()

Division Chief Training: _____ Date: _____ Y () N ()

Fire Chief: _____ Date: _____ Y () N ()

Approved For:

___ Course Fee: \$ _____ ___ Vehicle ___ Lodging ___ Food \$ _____ per day

___ Other: _____

Applicant Notified on Date: _____ Intl: _____