

DEPARTMENT OF EMERGENCY COMMUNICATIONS

TRAINING REQUEST FORM

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Shift: \_\_\_\_\_

Title Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Course Time: \_\_\_\_\_

Is the training required by Department? (Compensation) \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the training related to the job but not mandatory? (Pay subject to available funds) \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the training for Continuing Education credits? (Pay subject to available funds) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please estimate the cost of this training by using the below information.**

Hotel \$ \_\_\_\_\_ Departmental or County Vehicle \_\_\_\_\_ Yes \_\_\_\_\_ No

Tuition \$ \_\_\_\_\_ Date Vehicle Needed \_\_\_\_\_ Date Returned \_\_\_\_\_

Books \$ \_\_\_\_\_ Estimated Mileage (Roundtrip) \_\_\_\_\_

Air Fare \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please attach information regarding this training.

I agree to abide by the Travel Regulations and Expense Report procedures detailed in Section IV of the Frederick County Purchasing Rules & Regulations. I further agree to follow the Department of Emergency Communications SOP # \_\_\_\_\_ regarding traveling and training.

If training is approved, I will be responsible for the following:

1. Briefly explain how the training will benefit you and your career at DEC.

\_\_\_\_\_

2. You will be required to teach shift training on the class you have attended. The training will need to take place within 30 days. Date planned to teach \_\_\_\_\_.

3. The shift supervisor will notify the training office by email when the required shift training is completed.

4. A CDE form should be completed for the training.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Approved by Shift Manager:  Yes  No Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Approved by OPS Administrator:  Yes  No Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Approved by Training Office:  Yes  No Signature: \_\_\_\_\_ Date \_\_\_\_\_

Compensation approved if applicable:  Yes  No

# of Hours to be paid to attend training: \_\_\_\_\_

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

**TO BE COMPLETED BY TRAINING OFFICE:**

TeleStaff Updated  Yes  No

Vehicle Reserved  Yes  No

Registered for Training  Yes  No

Hotel/Room Booked  Yes  No

Airline Booked  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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