

**SPD - TRAINING REQUEST**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SHIFT/DIVISION: \_\_\_\_\_

Routing:	Date/Initials
<input type="checkbox"/> Costs Completed	_____
<input type="checkbox"/> Reservations Made	_____
<input type="checkbox"/> Travel Advance Done	_____
<input type="checkbox"/> Application Faxed	_____
<input type="checkbox"/> Copy to Supervisor	_____
<input type="checkbox"/> Original back to Training	_____
<input type="checkbox"/> Training Sgt/Ofc Approval	_____

**TRAINING/SCHOOL INFORMATION:**

TITLE: \_\_\_\_\_

DATE (S): \_\_\_\_\_

SPONSOR & LOCATION OF TRAINING: \_\_\_\_\_

ATTACH DESCRIPTION OF SCOPE AND/OR CONTENT OF TRAINING AND HOW WILL IT BE UTILIZED IN YOUR PRESENT POSITION. ALSO, PROVIDE THE TRAINING AGENDA OR COURSE DESCRIPTION IF POSSIBLE.

SUPERVISOR: \_\_\_\_\_  APPROVED  DENIED DATE: \_\_\_\_\_

MANPOWER :\_\_ OVERTIME: YES  NO  COMP TIME: YES  NO

SUPERVISOR'S COMMENTS: \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

*(Note: Executive Assistant needs at least 14 days to process.)*

HOTEL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONFIRMATION #: \_\_\_\_\_

MODE OF TRANSPORTATION: \_\_\_\_\_

TRAINING COSTS:	COURSE FEE	\$ _____
	ROOM	\$ _____
	MEALS (IF APPLICABLE)	\$ _____
	MISC. EXPENSES (RECEIPTS REQUIRED)	\$ _____
	OTHER COSTS	\$ _____
	TOTAL COST	_____

LIEUTENANT: \_\_\_\_\_ APPROVED  DENIED  DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

CHIEF/DESIGNEE: \_\_\_\_\_ APPROVED  DENIED  DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

BUDGET #- \_\_\_\_\_