



CHARLES COUNTY GOVERNMENT DEPARTMENT OF EMERGENCY SERVICES



TRAINING AUTHORIZATION REQUEST FORM

NAME: _____ ID#: _____

PLATOON: _____ DIVISION: _____ DATE: _____

COURSE NAME: _____ LOCATION: _____

COURSE DATES: _____ TOTAL COURSE HOURS: _____

____ TRAINING ANNOUNCEMENT ATTACHED OR LINK: _____

(Not Required for MFRI, AHA or HR Sponsored Courses)

SUPERVISOR ACKNOWLEDGEMENT OF REQUEST: _____

TRAINING OFFICER SIGNATURE: _____ DATE: _____

____ APPROVED

____ APPROVED for Sponsorship only

____ DISAPPROVED

OUT OF STATE TRAVEL AUTHORIZATION REQUIRED

____ YES ____ NO

NOTES:
