Durango Fire & Rescue – Operations Section Training Request

Name _____ Date of Request _____

Shift Coverage Needed ◯YES ◯NO

Coverage Request Date_____ Starting Time _____ Ending Time _____
Date_____ Starting Time _____ Ending Time _____
Date_____ Starting Time _____ Ending Time _____
Date_____ Starting Time _____ Ending Time _____

Name of Battalion Chief or Administrative Supervisor _____

Conference/Training Information

Conference/Training: _____ Location of Conference/Training: _____

Dates of Training: _____thru_____ Departure Date:_____ Time:_____ Return Date:_____Time: _____

Hotel Recommendation:_____

Travel Mode: ◯DFPD Vehicle ◯Private Vehicle ◯Airline ◯Other _____

**prior approval required if using private vehicle and are expecting mileage reimbursement

Why do you need or want to attend this conference/training?

Print Form and Submit to Supervisor	This section to be completed by Battalion Chief or Admin Supervisor	
All Training Requests must be pre-approved. Submit this form into your Supervisor.	By approving training request, this represents that supervisor supports the training, and is willing to cover any shifts if needed. Confirmation will be sent back to Supervisor from the Training Division.	_____ Supervisor Signature

This section to be completed by the Training Division

Registration – Travel – Lodging Information					
Registration Completed (Date)		Travel Arranged (date)		Name of Hotel booked	
Registration Costs		Travel Costs		Hotel Total Cost	
Other Costs (Books, Parking)				Hotel Confirmation #	
Completed by (Name)		Completed by (Name)		Completed by (Name)	

Per Diem – Calculated by location of travel									
Dates Needed →								Rate $	Total $
Breakfast									
Lunch									
Dinner									
							Total Per Diem Costs		

Signature of Training Chief: _____ Date: _____

☐ Approved

☐ Denied – Reason: _____