Scio Rural Fire Protection District

sciofire@smt-net.com

Mailing Address: PO Box 1 Scio OR 97374
Physical Address: 38975 SW 6th Av Scio OR 97374
Telephone: (503) 394-3000 FAX: (503) 394-2941

Outside Training Request Form

NAME:_____ DATE: _____ STATION____

e-mail:_____ (for registration purposes)

TITLE OF COURSE: _____

LOCATION OF COURSE: _____

TIME OF CLASS:_____ DATE(S) OF CLASS:_____

Estimated Expenses (Request made prior to course, receipts required after event)
Actual Expenses (Attach receipts)

REGISTRATION: _____ MEALS: _____ TRAVEL: _____ BOOKS: _____

LODGING: _____ OTHER: _____ TOTAL EXPENSES: _____

DISTRICT VEHICLE NEEDED: YES NO MILES ANTICIPATED:_____

IS COURSE MANDATORY: YES NO IS COURSE DESIRED: YES NO

COMMENTS, IF ANY, BY PERSON MAKING REQUEST: _____

_____

_____

EMPLOYEE SIGNATURE: _____ DATE: _____

BATTALION CHIEF APPROVAL: YES NO INITIALS: _____ DATE: _____

EMS OFFICER APPROVAL: YES NO INITIALS: _____ DATE: _____
(IF EMS COURSE)
TRAINING OFFICER'S APPROVAL: YES NO INITIALS: _____ DATE: _____

FIRE CHIEF APPROVAL: YES NO INITIALS: _____ DATE: _____

IF NOT APPROVED COMMENT AS TO REASON:_____

STUDENT MUST COMPLETE CLASS WITH PASSING GRADE OR REIMBURSE THE DISTRICT