



Scarborough Fire Department
Scarborough, Maine
Standard Operating Procedures



Book:	Organization
Chapter:	General Administration
Subject:	1530 - Training Authorization Form
Revision Date:	11/03/2009
Approved by:	<i>B. Michael Thurlow</i>

Name: _____ Employee Number: _____ EMS license # _____ Date: _____

Full Time Per Diem Call Company Your Email or Contact Phone Number: _____

Course Title: _____ Date(s) Offered: _____

Location: _____ Standard: _____ Instructor or Vendor Name: _____

Mandatory Refresher Elective

Cost of course/books: \$ _____ Cost of travel & lodging: \$ _____

Reimbursement Deadline for Payment: _____

Direct to Vendor (Full Time Staff Only) Mail Forms To: _____

Notes: _____

Hourly Rate: \$ _____ /hr Does Not Require Coverage

Length of Course: _____ hours Requires Coverage _____ hours \$ _____ cost

If the employee is requesting training pay they hereby certify that they were not on duty or compensated by any other department or agency for the above listed course.

Employee Signature _____ Date _____

Pre-Approval

Tuition/Books	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Approved by: _____
Travel & Lodging	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Training Pay	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Date: _____

Certification of successful completion received Date: _____ By: _____

Approved for Payment

Tuition/Books	Account #:	_____
Travel & Lodging	Account #:	_____
Training Pay	Account #:	_____
Authorized by: _____	Date:	_____