

ADDITIONAL TRAINING REQUESTS

The following information will be necessary for all training, conferences, meetings, or workshops that requires tuition, and after the training plans have been completed. Please make sure you complete all information before sending it to training and attach any additional information about the training available.

Name(s) of Employee(s) to attend Training: _____

Office Charge Code: _____
(Example: AK-024-1410-NH-017L-252T)

Name of Course: _____

Vendor Name: _____

Vendor Address: _____

Vendor Telephone No. _____
(If Available)

Tuition: _____ No. Of Hours: On _____ Off _____ Duty

Dates and Location of training: _____

Course Objectives: _____

Target Group for training: _____

Supervisor's Typed Name: _____ Division Ch./Manager: _____
Signature: _____ Date: _____

SEND TO: AK-326
Training Branch
Alaska Fire Service