

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-31329
Training Branch
Alaska Fire Service