



EMS Training Request Form

Employee Name: _____ Employee #: _____ Date Requested: _____

Training Requested:

- Training
 Conference
 Certification
 Seminar
 Other: _____

Type of Training Requested:

- Local
 Travel
 On-line
 Other: _____

Dates of Training: _____ to _____

Hours (each day if multiple): _____ to _____

Travel Dates: _____ and _____

Title of Training: _____ Training Sponsored by: _____

Reimbursable: Y/N

Training requires OCES sponsorship and/or EMS affiliation: Y/N

Description of Training: _____

Purpose of Training: _____

Benefit to Employee: _____

Benefit to OCES: _____

Costs to be incurred: Y/N

NOTE: If costs are to be incurred, they MUST be approved by OCES Director and the County Manager's Office PRIOR to registration. List all costs below:

Registration \$ _____
 Materials \$ _____
 Hotel \$ _____
 Airfare \$ _____
 Other _____: \$ _____
 OCES Vehicle Requested: Y/N
 OCES Fuel Card Needed: Y/N
 Estimated Miles: _____

By signing below I acknowledge that I have read and agree to abide by terms of OCES EMS Training SOGs. If approved, I understand that it is my responsibility to attend all of the sessions, complete all required work and testing. If I cannot complete the program requirements for any reason, I agree to notify the Training Coordinator and Deputy Operations Manager Immediately.

_____ Date: _____

Employee signature

Training Coordinator:

- approved
 denied

_____ Date: _____

TC signature

Deputy Operations Manager:

- approved
 denied

_____ Date: _____

Dep. Ops. signature

Comments: _____

Comments: _____



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If training requires OCES sponsorship and/or EMS affiliation:

EM Coordinator:

- approved
- denied

_____ Date: _____

EM signature _____ s

Comments: _____

If costs to be incurred:

OCES Director:

- approved
- denied

_____ Date: _____

Director signature

Comments: _____

County Manager (or designee):

- approved
- denied

_____ Date: _____

signature

Comments: _____

Post Training Follow-up (to be completed by Training Coordinator):

Program Completed: Y/N Comments: _____

Certificate Received: Y/N Comments: _____

Training recorded: Y/N Comments: _____

Synopsis received from Employee: Y/N

Time Scheduled for presentation to Peers/Department: Date: _____

Presentation Completed: Y/N Comments: _____

Overall Evaluation of this training/program with recommendation on future use by OCES:
