

**LAKWOOD FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**

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| SOG NUMBER: 101.10 | ADMINISTRATION |
| DATE IMPLEMENTED: SEPTEMBER 12, 2017 DATE REVISED: | TITLE: REQUEST TO ATTEND TRAINING |

PURPOSE:

This guideline was promulgated to establish procedures for members requesting to attend training whether or not they are self-paying and/or seeking BOFC payment or reimbursement.

SCOPE:

All personnel of the LFD.

PROCEDURE:

1. A member wishing to attend training shall complete a "Member Request to Attend Training" form in advance of the scheduled training. (A separate form shall be submitted for each member request).
2. The completed request form shall then be submitted to the Chief of Department or his designee for initial approval prior to submitting the request to the Board Office.
3. Members seeking BOFC approval to attend training as well as requesting the BOFC to pay for the training, must submit their request to the Board Office at least fifteen (15) business days prior to the regular BOFC meeting in order to have the BOFC make a decision on the respective requests at their meeting.
4. Self-paying members seeking BOFC approval to attend training but not requesting the BOFC to pay for the training, must submit their request to the Board Office at least fifteen (15) business days prior to the date of training.
5. Regardless of whether the BOFC pays for training, without approval from the BOFC, the member(s) will not be covered by Lakewood Fire District No. 1 insurance policy(s).
6. To ensure proper insurance coverage, member(s) must submit their request to the Board Office for BOFC approval even if attending training that is being provided at no cost to the attendee.
7. Nothing stated or implied herein shall require a member(s) to complete a request form for training that has been approved and is being provided by Lakewood Fire District No. 1.



Lakewood Fire District No. 1

(732) 364-5151
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MEMBER REQUEST TO ATTEND TRAINING

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH MEMBER REQUEST)

Member _____

Station/Company _____

Date of Training _____

Cost of Training (complete only if requesting the BOFC to pay for training) _____

Location of Training _____

Description of Training _____

Name & Phone Number of Vendor/Provider of Training _____

Is Training New Jersey Division of Fire Safety Approved: Yes ___ No ___ N/A ___

Print Name _____ Signature _____ Date _____

Signature of Approval – Chief of Department / Designee _____ Date _____

-----BELOW FOR OFFICE USE ONLY-----

- BOFC Approved: Yes ___ No ___ Date _____
- Cost of Training to be paid by: BOFC ___ Member(s) ___ N/A ___

Signature of Approval – Administrator / Administrative Clerk _____ Date _____

PLEASE NOTE: Without approval from the BOFC, the member(s) will not be covered by Lakewood Fire District No. 1 insurance policy(s).