



Lakewood Fire District No. 1

(732) 364-5151

Fax (732) 370-4878

316 River Avenue • Lakewood, New Jersey 08701

CAREER MEMBER REQUEST TO ATTEND TRAINING

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

Member _____

Shift/Platoon _____

Date of Training _____ Anticipated # of Hours _____

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

Location of Training _____

Description of Training _____

Name and 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 – Career Captain _____ Date _____

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

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

- BOFC Approved: Yes ___ No ___ Date _____
- Approved number of hours to be paid at Staffing Assignment rate: _____

Signature of Approval – Administrator/Deputy Administrator _____ Date _____

PLEASE NOTE: Without approval from the BOFC, the member(s) will not be covered by Lakewood Fire District No. 1 insurance policy(s), nor will the member be paid.