

# Alton Fire & Rescue Department Standard Operating Guidelines (SOG)

**SOG 1.1.12** Approval for Training Reimbursement (ref SOP 1.1.12)

**PURPOSE:** To document approval for tuition, wage reimbursement for training courses, and/or training expenses

**SCOPE:** All members requesting Department funding or reimbursement for training expenses and training time.

**SPECIFICS:**

- Any member requesting reimbursement for course tuition, wage reimbursement for training and/or training expenses shall attain approval prior to enrollment in said course.
- Only pre-approved reimbursement requests will be funded.
- Application for reimbursement shall be made on a Department approved request form (see associated SOP).

**DATE:** Approved June 30, 2009

# Alton Fire & Rescue Department Standard Operating Procedures (SOP)

SOP 1.1.12 Approval for Training Reimbursement

**PURPOSE:** To provide documentation for approval of tuition, wage reimbursement for training and/or training expense requests.

**SCOPE:** All members requesting Department funding or reimbursement for training expenses and training time.

**SPECIFICS:**

- The form associated with this SOP must be completed and submitted to the Chief of the Department for approval prior to course enrollment.
- Members applying for tuition and/or wage reimbursement and/or training expenses should print the accompanying form, complete it, and submit it to the Chief.

**DATE:** Approved June 30, 2009



# ALTON FIRE / RESCUE DEPARTMENT

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*"Desire to Serve - Committed to Protect"*

## Request for Training Reimbursement

Name: \_\_\_\_\_

Dates of Class: From: \_\_\_\_\_ to \_\_\_\_\_

Title of Class: \_\_\_\_\_

Instructor: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Cost of Class (Tuition): \$ \_\_\_\_\_

Payment information: Tuition amount to be paid by applicant: \$ \_\_\_\_\_

Tuition amount requested from Department: \$ \_\_\_\_\_

WAGE reimbursement (if requesting),  
specify number of training hours: \_\_\_\_\_

Training Expenses (explain).....\$ \_\_\_\_\_  
\_\_\_\_\_

Justification for reimbursement: \_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition Reimbursement: Approved  Disapproved  Amount \$ \_\_\_\_\_

Wage Reimbursement: Approved  Disapproved  Hours: \_\_\_\_\_

Training Expenses: Approved  Disapproved  Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief