



Form 108
Training Approval Request Form

Training / Course Title: _____

Date: _____

Start Time: _____

End Time: _____

Location of Training: _____

Instructor's Name(s): _____

Attendee Name	Rank	On Duty	OT Hrs	Hourly Rate	Total Pay
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Totals Personnel Costs					\$
Request for Reimbursement					\$

By my signature below, I attest to the fact that the above employees did receive monetary compensation at their overtime rate for attending training on the above date.

(Finance Director's Name)

(City/Town of)

Date

Revised 11/2013