

## Out of State Travel/Training Request Presented to Oversight Committee for Approval

Requesting Supervisor/Manager: Todd Blaser Department: Fire Rescue

Names of Employees Attending: Ben Molnar

Name of Training	Dates of Training	Location of Training
Indiana Smoke Diver Training	March 9 <sup>th</sup> -15 <sup>th</sup> 2024	Wayne Township Indiana

Estimated cost of training	\$ N/A
Estimated cost of travel	\$ <del>N/A</del> \$100 <sup>00</sup> Fuel cost
Estimated cost of meals	\$ N/A
Estimated cost of accommodations	\$ N/A
Estimated cost of misc. expenses	\$ N/A Please explain
Any anticipated overtime costs	\$ N/A
Total estimated cost	\$

Requesting Supervisor/Manager Comments:

The request is for advanced training in the use of our self contained breathing apparatus

What are the objectives for the training?

Objectives include: firefighter survival, firefighter rescue, advanced equipment familiarization, improved work mindset, servant leadership

How will this training be shared / implemented upon return?

Ben has taken a active role in our recruit training and will also share knowledge through department training

How will this training benefit the City? What is the return on the investment?

The training will provide a advanced awareness of firefighter capabilities wearing a SCBA in hostile environment. Return of investment is in firefighter safety.

Supervisor Approval/Decline

Approved  Declined  Reason for decline: \_\_\_\_\_

Supervisor/Manager Signature: Todd Blaser Dated: 2/4/24

\*\*Please attach any additional information you would like considered with this request