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

Requesting Supervisor/Manager:	add Blaser	Department: MFRD
Names of Employees Attending: <u>\lambdacob P</u> Johnson		
None of Table 1	Data of Turking	Landing of Training
Name of Training	Dates of Training	Location of Training
Crossfit Level 2 Trainer	3-25-17 to 3.76-17	Vernon Hills, IL
Estimated cost of training	\$ 8	
Estimated cost of travel	\$ &	
Estimated cost of meals	\$ 2	
Estimated cost of accommodations		
Estimated cost of misc. expenses	\$ Please explain	
Total estimated cost	\$ 8	
Requesting Supervisor/Manager Comments: The great is the time from Work I additional Consist of Comparation Groupen will benefit MFDD Staff in regards to special functional exercise needs. What are the objectives for the training? Full full ment of continuous education for HER fitness trainer cert & to obtain better independing of the rectioning comments of functional moreovered to be applied for rescuit training comments wellness. How will this training be shared / implemented upon return? Permit training & as a resource for current department members Mow will this training benefit the City? What is the return on the investment? Linground fitness & movement promotion to membership to promote injury prevention		
Supervisor Approval/Decline Approved Declined Reason for decline:		
Supervisor/Manager Signature: Dated: February 6, 2017		
**Please attach any additional information you would like considered with this request		