



El Paso County Emergency
Services District #2

Training Compensation

Date: _____

Department: _____

Members Name: _____

Members Add.: _____

Class Dates: _____

Location: _____

Time in: _____

Time out: _____

Training Subject: _____

Hours: _____

Rate: \$16.00 _____

Total Due: _____

Print Member's Name

Member's Signature Date

***Note: Certificate must be submitted with this form for training compensation.**

