



# Training Justification form

Vermont Emergency Management \* 45 State Drive, Waterbury, VT 05671-1300 \* Phone: 800-347-0488

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

Student Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
City State Zip Code

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department / Agency: \_\_\_\_\_

Discipline: \_\_\_\_\_

Job Function: \_\_\_\_\_

Training Requesting Attendance to: \_\_\_\_\_

Date/Location: \_\_\_\_\_

In-State Training  Out-of-State Training

Prerequisite Documentation Attached: \_\_\_\_\_

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Please provide justification for attending training course listed above by answering the following questions:

1. List the specific or similar trainings completed within the last 24 months.
2. How will this training improve the capabilities within the attendees' department and State of Vermont?
3. How does this training relate to regular day to day functions within the organization?

4. Provide specific experiences, the attendee will bring related to the above course.

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The person listed above is a member of my organization in good standing and is requesting attendance at a training sponsored by Department of Public Safety - Vermont Emergency Management.

Sincerely,

Supervisor Name \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Title: \_\_\_\_\_

PLEASE PRINT CLEARLY

Please complete the form and return via email to: State Training Administrator  
([DPS.EMHSTraining@vermont.gov](mailto:DPS.EMHSTraining@vermont.gov))