MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Mechanics Team

Please use this form to document your SRT Mechanics Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to cloomis@srtillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON THURSDAY, JANUARY 4, 2024.

Name: _____ Calendar Year: _____

Department/District: _____

Email Address: _____

Drivers License Information:

D/L Class: _____ Expiration Date: _____

Endorsements: _____

***** SRT Mechanics Team members are required to attend four trainings/work sessions annually, ** with a minimum of two trainings being SRT Mechanics Team trainings/work sessions.***

☐ Check this box if you joined the team mid-year or were out on a leave of absence for any part of the year.

If you checked the box above, please look at the SRT Mechanics Team Spreadsheet to determine your required number of SRT trainings/work sessions and total trainings/work sessions for this calendar year. The SRT Mechanics Team Training Spreadsheet is available on the SRT website at www.srtillinois.org by going to ADMIN > Training Information. Document your training requirements for this calendar year below:

Total Trainings/Work Sessions Required: _____

Total SRT Trainings/Work Sessions Required: _____

SRT TRAININGS/WORK SESSIONS (MINIMUM 2)

SRT Mechanics Team members must attend a minimum of two SRT Mechanics Team trainings/work sessions. Only trainings/work sessions listed on the SRT Training Calendar and SRT Mechanics Team Training Spreadsheet are considered SRT Mechanics Team trainings/work sessions.

	DATE OF TRAINING/WORK SESSION	LOCATION OF TRAINING/WORK SESSION
(1)		
(2)		
(3)		
(4)		

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DEPARTMENT/OTHER TRAININGS/WORK SESSIONS (MAXIMUM 2)

SRT Mechanics Team members can count a maximum of two department/other trainings/work sessions toward their required four trainings/work sessions

	DATE OF TRAINING/WORK SESSION	LOCATION OF TRAINING/WORK SESSION
(1)	_____	_____
(2)	_____	_____

I, the above named SRT Mechanics Team Member, certify that I have read and agree to follow the standards and guidelines set forth in the current SRT Mechanics Team SOG (Standard Operating Guidelines), dated August 1, 2023.

SRT Mechanics Team Member Signature: _____

I, the above named SRT Mechanics Team Member's Fire Chief, certify that (1) this individual has my permission to participate in all activities related to their SRT Mechanics Team membership and (2) that he/she is physically able to the perform the duties required to be a member of the SRT Mechanics Team.

Fire Chief Signature: _____

☐ To request a training exception for this year, please check this box and attach to this form a letter/memo from your Fire Chief. The letter/memo should be addressed to the SRT Administrative Coordinator and outline the reasons and/or extenuating circumstances that your Fire Chief feels should be taken into consideration when reviewing your request. Training exceptions will be considered by the MABAS Operations Chiefs on a case by case basis.

ADMINISTRATION USE ONLY

Received:	Date:	_____	By:	_____		
Team Leader Approval:	Date:	_____	By:	_____	☐ App	☐ N/App
Ops Chief Approval:	Date:	_____	By:	_____	☐ App	☐ N/App
Processed:	Date:	_____	By:	_____		