

TRAINING/SCHOOL REQUEST FORM

Please read and follow the instructions. Provide the requested information pertaining to the school and your travel. Have your immediate supervisor, watch commander, and division commander sign this request form. Attach all information you have about the school to this form. The Office of the Chief of Police will need this completed form before processing and forwarding to Finance for checks to be issued. This information must include any materials, such as ammunition, or other supplies that is to be furnished by the Training Division. IF YOU HAVE ANY QUESTIONS CALL THE TRAINING OFFICE AT 765-3640.

OFFICER: _____ BADGE #: _____

HAS OFFICER ATTENDED THIS SCHOOL BEFORE: NO / YES ***IF YES - DATE(S): _____

SCHOOL REQUESTED: _____

SCHOOL LOCATION: _____

START DATE: _____ END DATE: _____

DEPART DATE: _____ RETURN DATE: _____

(CHECK ONE) CITY VEHICLE PERSONAL VEHICLE OTHER TRANSPORT(CHECK ONE) GAS CARD MILEAGE REIMBURSEMENT

SUPPLIES OR MATERIALS NEEDED: _____

SUPERVISORS APPROVAL REQUIRES SIGNATURE

Immediate Supervisor Approved _____ Disapproved _____ Date: _____
 (Signature) (Signature)

Watch Commander Approved _____ Disapproved _____ Date: _____
 (Signature) (Signature)

Division Commander Approved _____ Disapproved _____ Date: _____
 (Signature) (Signature)

TRAINING DIVISION SECTION

DATE/TIME RECEIVED BY TRAINING: _____ / _____

Tuition/Registration: \$ _____ \$ _____

Meals: Breakfast \$9.00 x _____ Lunch \$12.00 x _____ Dinner \$15.00 x _____ \$ _____

Hotel: \$ _____ Mileage: \$ _____ Other Costs: \$ _____ \$ _____

Total Requested: \$ _____

ADMINISTRATIVE SUPPORT DIVISION

Support Services Commander Approved _____ Disapproved _____ Date: _____
 (Signature) (Signature)

Chief of Police Approved _____ Disapproved _____ Date: _____
 (Signature) (Signature)