REQUEST FOR APPROVAL TO ATTEND ANY

PROFESSIONAL DEVELOPMENT

PROGRAM/COURSE

|  |  |  |
| --- | --- | --- |
| Name: | SS #:      LAST 4 ONLY | Date: |
| Name of Program/Course you wish to attend: | | |
| Location of the Program/Course: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | Start Time | Ending Date | Ending Time | **Total Hours** |
|  |  |  |  |  |

Is this Course/Program required for your job? Yes or No

|  |
| --- |
| How will YOU benefit from this Course/Program? |
| How will the Department of Public Safety benefit from sending you to this Course/Program? |

Have you covered any duty time or on-call time? Yes or No or  Not on call/duty

If YES how?

Type of Compensation Requested:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Accommodations | # of Days/Nights |  | Room Rate | $ |
|  | Registration Fee | Amount: | $ |
|  | Book/Materials | Amount: | $ |
|  | County Vehicle | # of Miles |  |
|  | Meals | # of B/L/D |  |
|  | Comp. Time | # of Hours |  |
|  | Time on Duty | # of Hours |  |
|  | Other |  |  |

Can you handle your own registration, reservations, etc. and be reimbursed Yes or No

after you successfully complete this class?

PLEASE ATTACH A NON RETURNABLE COPY OF ALL APPLICABLE COURSE/PROGRAM INFORMATION

EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BATTALION CHIEF SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved/Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved/Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_