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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_