



UNA POLICE DEPARTMENT

TRAINING REQUEST

OFFICER

(PRINT): _____ DATE: _____

CLASS TITLE: _____

DATE(S) OF COURSE: _____

NUMBER OF HOURS: _____

LOCATION OF TRAINING:

COURSE SYNOPSIS (describe training, or attach supplied description of course):

☐ I REQUEST TO ATTEND THE ABOVE LISTED TRAINING

SIGNATURE/DATE

☐ ASSIGNED ☐ APPROVED ☐ UNAPPROVED*

SUPERVISOR/DATE

*Assigned: Paid training, required attendance.

Approved: Overtime/cost of training not paid by Department, employee may attend during work hours with supervisor approval.

Unapproved: Unpaid training, must take leave or attend on off time and employee is responsible for all costs of training.