

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 TRA	INING
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.