



Request for Training Extension

Please submit this form to:
Your Regional Field Coordinator

Name: (Last, First, Middle Initial)

Social Security Number:

Agency/Department:

The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:

- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Special Duty Assignment, required and performed in the public interest |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Administrative leave involving the determination of worker's compensation or disability retirement issues, full-time educational leave, or suspension pending investigation or adjudication of a crime |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Other (90 days maximum) |

Identify the function(s) for which extension is being granted:

- | | |
|--|--|
| <input type="checkbox"/> Corrections Officer
(Department of Corrections Only) Entry-Level | <input type="checkbox"/> Law Enforcement Officer - Entry-Level |
| <input type="checkbox"/> Corrections Officer
(Department of Corrections Only) In-Service | <input type="checkbox"/> Law Enforcement Officer – In-Service |
| <input type="checkbox"/> Court Security Officer - Entry-Level | <input type="checkbox"/> Local Jail Officer - Entry-Level |
| <input type="checkbox"/> Court Security Officer – In-Service | <input type="checkbox"/> Local Jail Officer – In-Service |
| <input type="checkbox"/> Dispatcher - Entry-Level | <input type="checkbox"/> Process Service Officer - Entry-Level |
| | <input type="checkbox"/> Process Service Officer – In-Service |

Date of proposed training to meet requirement: _____

Signature of Agency Administrator

Printed Name of Agency Administrator

Extension request is: Approved Approved w/conditions: Not in compliance w/rules

Extension Date: _____

(NOTE: Extension Date includes an additional 30 days for processing)

Department of Criminal Justice Services Representative Date