



Chatham County Sheriff's Office Training Request Form



Name/Rank _____ SSN _____ - _____ - _____

DOB ___/___/___ DOE ___/___/___ Phone Number _____

Division _____ Current Assignment _____

Certification # _____ Date of Certification ___/___/___

Course Title _____

Course Code _____ Course Date ___/___ - ___/___

Course Location _____ Total Cost _____
(GPA, GPSTC, AASU, Etc.)

Employee Signature _____ Request Date ___/___/___

I have requested the class title listed above. If approved, this training will be taken as the following time:

County Time _____ Holiday Leave _____ Regular Days off _____

Annual Leave _____ Comp Time _____ Other _____

Funding will be supplied by Myself _____ Agency _____ Other _____

Is this training available locally? Yes _____ No _____

Supervisor _____ Yes No Date ___/___/___

Lieutenant _____ Yes No Date ___/___/___

Captain _____ Yes No Date ___/___/___

Major _____ Yes No Date ___/___/___

Lieutenant Colonel _____ Yes No Date ___/___/___

Colonel _____ Yes No Date ___/___/___

Chief Deputy _____ Yes No Date ___/___/___

Comments _____

Date Received By Training ___/___/___ By _____ Date Verification Received ___/___/___ By _____

Date Employee Notified ___/___/___ By _____ Date Funds Requested ___/___/___ By _____