

# Baltimore County Police Department

## REQUEST FOR SPECIALIZED TRAINING

PLEASE PRINT CLEARLY

<b>REQUESTING MEMBER</b>		Last Name			First Name		
Rank			ID#	Assignment			
Email Address							
Training Program Title							
Date(s)							
Application Deadline							
How does this Specialized Training relate to your present/future assignment, needs or career development goals?							
List any specialized training programs that you have attended that are required for, or related to this requested program?							
Requesting member's signature							
<b>TO BE COMPLETED BY SUPERVISOR</b>							
Will the member's attendance at this training have a negative impact on manpower and leave?						Yes	No
Request for training approved?		Yes	No				
Comments:							
Supervisor Name		ID#	Signature		Date		
<b>TO BE COMPLETED BY PRECINCT TRAINING COORDINATOR</b>							
Request Approved		Yes	No	Date forwarded to Training Section			
Comments							
Coordinator Name		ID#	Signature		Date		
<b>TO BE COMPLETED BY TRAINING SECTION</b>							
Requesting member placed on roster		Class full	Class canceled	Other			
Comments							
Name		ID#	Signature		Date		