



TRAINING

Name of education/training program: _____

Sponsor of education/training: _____

Dates of program/course: _____

Purpose of program/course: _____

Direct relationship to the officer/s job: _____

Direct benefits to officer and agency: _____

RELATED COST

Total projected expenditure: _____

(a) Tuition: _____ (b) Per Diem: _____

(c) Travel: _____ (d) Other Costs: _____

Criminal Justice Agency: _____

Administrator's signature

Date

****Use this form for program approval by the employing agency administrator. DO NOT forward this form to FDLE.****