

Montgomery County Sheriff's Office

Training Academy

Request for OUTSIDE Training

INSTRUCTIONS: MUST READ!! Requesting Employee/Student – Complete entire form. Attach course information, and invoice. The employee is responsible for making hotel reservations. Attach **all** information. Send all forms up chain of command for approval. Allow at least **30 days** for signatures and processing. Upon course completion, send certificate and travel reimbursements to the Administrative Assistant in Finance **within one (1) week**. Reimbursement checks will be mailed to the home address on file with HR.

Name: _____ Date: _____

Division: _____ District: _____

For Office Use Only	IPD Component <input type="checkbox"/>	Line Item #: _____
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Course Information	
Course Dates:	_____
Course Name:	_____
Course Location:	_____
Course Address:	_____
Payable To / Address:	_____
Course Tuition (Paid by Academy): _____	Capt. Carlisle Signature: _____

Hotel / Flight / Car Rental Information (Paid by Division Captain)	
Hotel Name:	_____
Hotel Address:	_____
Hotel Rate: _____	# of Nights: _____ Sharing w/Emp: <input type="checkbox"/> Y <input type="checkbox"/> N
Airline: _____	Ticket Fee: _____
Vehicle Rental Fee: _____	Procurement Card Last 4#: _____

Training requests will not be processed unless the below items are attached.

Full Training Announcement
 Invoice
 Payment Name and Address

		Approved	Denied
<i>Requesting Officer – Type Name</i>	<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Immediate Supervisor</i>	<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lieutenant</i>	<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Captain</i>	<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Academy Coordinator</i>	<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>