



**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.\*\***