

# Training Request Procedure

## 1101.1 PROCEDURES

See attachment: Blank Officer Training Request Form 2024.pdf

## Attachments

## **Blank Officer Training Request Form 2024.pdf**

# Missoula Police Department

## Training Request Form



Please complete the information below for your request for training. You only need to complete the four green boxes. Once you have entered the appropriate information, enter your badge number in the red box next to "REQUESTING OFFICER." Do not enter "C" before your badge number. Click the box which states "SUBMIT REQUEST." Acknowledge the prompt and save the file before closing. Input your respective supervisor into the auto-generated email and attach any additional supporting documentation. Send the email. This will enable us to track your training requests to ensure that they are followed up on promptly.

This form will be routed for approval and whether it is approved or denied, you will be able to review its status and any appropriately added comments.

Please include any additional or supporting documentation with your supervisory notification.

***Absent Exigent Circumstances and the approval of the respective Division Captain, training requests submitted less than thirty (30) days prior to the scheduled training date requested will be denied due to administrative and logistical conflicts. Even with appropriate approval, requests under these circumstances cannot be guaranteed.***

***Supervisors, enter your badge number in the red box next to the appropriate rank and click "Approved" or "Denied." Acknowledge the prompt and save the file before closing. If denying the request, additional comments are required. Send the auto-generated email to notify the requesting Officer of the status change to their Training Request.***

<b>Name of Training:</b>			
<b>Additional Information: (Website, Cost, Etc.)</b>			
<b>Dates of Training:</b>			
<b>Location of Training:</b>			
<b>Requesting Officer:</b>			
<b>Date of Request:</b>			
Requesting Officer:			
Insert Applicable Comments Below:		Date:	
Sergeant:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Insert Applicable Comments Below:		Date:	
Lieutenant:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Insert Applicable Comments Below:		Date:	
Division Captain:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Insert Applicable Comments Below:		Date:	
Administrative Division:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Insert Applicable Comments Below:		Date:	