

**MONTGOMERY COUNTY SHERIFF'S OFFICE  
REQUEST FOR TRAINING FORM**

<b>Name</b>	<b>Social Security #</b>	<b>TCLEOSE PID # (Must have this)</b>	<b>Dept/District</b>
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**A. TRAINING AT MCSO TRAINING ACADEMY**

<b>CLASS #</b>	<b>Course Name</b>	<b>Date</b>	<b>Time</b>
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**B. TRAINING AT ANOTHER LOCATION**

*(Training Announcement and COMPLETED Registration Form MUST be attached)*

<b>Course Name</b>	<b>Date</b>	<b>Time</b>
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<b>Location</b>	<b>Tuition *</b>
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*\*\* The Training Academy will only pay Tuition. \*\**

**C. REASON FOR ATTENDING CLASS**

<b>X</b>	<b>Date</b>	<b>X</b>	<b>Date</b>
<b>Requesting Officer</b>		<b>Lieutenant</b>	

<b>X</b>	<b>Date</b>	<b>X</b>	<b>Date</b>
<b>Sergeant/Supervisor</b>		<b>Captain</b>	

<b>X</b>	<b>Date</b>	<b>PO#:</b>
<b>Academy Coordinator</b>		<b>CK#:</b>

**APPROVED**

**DENIED**

**Reason:**