

Training Request Form

Barrow County Sheriff's Office

Sheriff Jud Smith

233 East Broad St

Winder Ga, 30680

Training Office

Phone: 770-307-3080 Fax: 770-307-4039

Sgt. David Aderhold Ext: 3936

Dep. Vince Schmidt Ext: 1427

Dep. Alan Dial Ext: 1798
Training Ext: 3970

			Personal I	nfo				
Name E		Email Address	mail Address			Okey Number		
SSN		Certification Number					Certification Date	
Certification Type	Date of Birth	Ran	k / Title	Assignment			Employment Date	
			Course I	nfo				
Course Name				Course	e Number			
Date / Date Range	-1 K	Course	Location	DUNT	Y =			
Course Contact Name	Contact	act Email Address			Contact Number			
Total Course Hours	Course Requ	ired for Certification	C	ertification Type (If	YES to previous)			
Are funds Requested		Hav			ave you Registered for the Class			
Validation (All	Training Request	s approved or Dis	sapproved m	nust be forward	ed up the Cha	ain of Com	mand to Training)	
Requests may be submitted electronically up the chain of comm								
Student Signature (Print and	Sign)	R)W C	Dr.	1	Date		
IMMEDIATE SUPERVISOR'S APPROVAL	REASC	N FOR DISAPPROVAL	anno S		///			
Approve Disa	pprove							
	Supe	Supervisors Signature				Date Forwarded		
ASSISTANT DIVISION COMMANDER'S AI	PPROVAL REASO	N FOR DISAPPROVAL	1776	/A /				
Approve Disa	pprove		F'S					
, прри от	Assis	Assistant Div. Cmdr. Signature				Date Forwarded		
DIVISION COMMANDER'S APPROVAL	REASC	N FOR DISAPPROVAL						
Approve Disa	pprove							
Approve Disc	Div.	Cmdr. Signature		_	Da	te Forwarded		
Sheriffs / Colonels Approval	REASO	N FOR DISAPPROVAL	F'S ()FFIU	V			
Approve Disa	pprove							
	Sheri	Sheriffs / Col. Signature				Date Forwarded		
		FOR TRAINING	OFFICE USE	ONLY BELOW	THIS LINE			
Date Received Date Entered / Su		ubmitted	Status	ACCEPTED	FAXED	WAIT LIS	T EMAILED	
NOTES / COMMENTS								