

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	Info					
Name	Email Address					Okey Number				
SSN	•	(ertification Number			•	Certification Date			
Certification Type	ertification Type Date of E		Rank /	/ Title	Assignm	Assignment		Employment Date		
				Course	Info					
Course Name		- 200		W O	Со	urse Number				
Date / Date Range			Course Lo	ocation	DUN	Y				
Course Contact Name		Contact Email Address				Contact Number				
Total Course Hours	Cour	se Required for Certifica	ition	X.	Certification Type	(If YES to prev	rious)			
Are funds Requested	Proje	ected Cost(s)					Have you Registered for the Class			
Validation (All T								mmand to Training	g)	
Submit all training request electronically to training@barrowsheriff.c Student Signature (Print and Sign)							Date			
IMMEDIATE SUPERVISOR'S APPROVAL REASON FOR DISAPPROVAL										
Approve Disag	oprove									
Approve Disapprove		Supervisors Signature					Date Forwarded			
ASSISTANT DIVISION COMMANDER'S APP	ROVAL	REASON FOR DISAPPROVAL								
Approve Disap										
		Assistant Div. Cmdr. Signature					Date Forwarded			
DIVISION COMMANDER'S APPROVAL		REASON FOR DISAPPROVA	L							
Approve Disapprove		D' Coul S'east as					Date Forwarded			
		Div. Cmdr. Signature					Date Forwarded			
Sheriffs / Colonels Approval	REASON FOR DISAPPROVA	L								
Approve Disapprove		Sheriffs / Col. Signature					Date Forwarded	Date Forwarded		
		FOR TRAINING OFFICE USE ONLY BELOW THIS LINE							_	
Date Received	Date Ent	ered / Submitted	IING O	Status	ACCEPTEI			ST EMAILED		
NOTES / COMMENTS							.,,			