



Fulton County Sheriff's Office Training Request Memorandum

To:		From:	
Training Director			
DID	SSN	DOB	Hire Date
Certification #		Certification Date	Current Assignment
Home Phone	Cell Phone		Work Phone
Date In-Service Taken/Scheduled		Firearms Taken/Scheduled	

Course Title	Course Code	Date
Page	Total Hours	Agency (check below)

Fulton County Public Safety Training Center
 NCGLEA (Tuition N___/\$_____)
 GA Police Academy Fulton County Sheriff's Training Unit
 Other Training Facility (Specify)

Approved/County Paid Time	Approved Accrued LV Time Only	Disapproved	Reason for disapproval
[]	[]	[]	
Watch/Division Commander's Signature (original only)		Training Director's/Designee Signature	
(X)		(X)	

The Training Unit must receive copies of all training certificates. All Training leave must be supported by an official leave slip and supporting documents. (i.e., copy of diploma or sign-in sheets)

Document Tracking			
Date Received	Date Forwarded	Date of Reply	Date Notified
Class Status			
Class Approved	Class Full/Standby	Class Full/Resubmit	Class Cancelled
[]	[]	[]	[]
Other Comments			
Division/Unit Commander			Date
(X)			