



# COOK COUNTY SHERIFF'S POLICE DEPARTMENT

## APPLICATION FOR TRAINING



### Section A: APPLICANT

Applicants Name/Star #: \_\_\_\_\_ Current Assignment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: (if any) \_\_\_\_\_ Only JDE #: \_\_\_\_\_

Work E-mail:(if any) \_\_\_\_\_ Home E-mail:(if any) \_\_\_\_\_ Date of Request: \_\_\_\_\_

What is most effective way to communicate from above choices and time of day or night to make attempt: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Location of Course: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Name of Agency Offering Training: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

By attending the above training, I agree that the information and skills learned may be utilized at any time by the Cook County Sheriff's Police Department.

Applicant's Signature: \_\_\_\_\_ Anticipated Overtime: YES  NO

Reason for Overtime: \_\_\_\_\_

*I, Certify that no Political Reasons of(or) Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.*

Unit Supervisor: \_\_\_\_\_ Approved: YES  NO  Date: \_\_\_\_\_

Justification for Recommendation: \_\_\_\_\_

### ATTACH A COPY OF THE COURSE DESCRIPTION

#### Section B: SUPERVISORY

Members Absence Effect Units Staffing Needs: YES  NO

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Unit Commander: \_\_\_\_\_ Approved: YES  NO  Date: \_\_\_\_\_

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Deputy Chief: \_\_\_\_\_ Approved: YES  NO  Date: \_\_\_\_\_

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First Deputy Chief: \_\_\_\_\_ Approved: YES  NO  Date: \_\_\_\_\_

(If no fee required, forward to Sheriff's Training Academy)

#### Section C: COMPLETE ONLY IF THERE IS A FEE FOR TRAINING

Reimbursable: YES  NO  Agency Responsible for Reimbursement: \_\_\_\_\_

CATEGORY	COST	NUMBER OF DAYS OR NIGHTS	TOTAL COST
REGISTRATION FEE			
AIRFARE			
HOTEL-Include all taxes			
PER DIEM			
GROUND TRANSPORTATION			
OTHER COSTS (SPECIFY)			
<b>TOTAL COST</b>			

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CHIEF OF POLICE: \_\_\_\_\_ Cost Approved: YES  NO  Date: \_\_\_\_\_

(Please forward to the Police Training Academy)

For Internal use only

Application Submitted \_\_\_\_\_

Date/Initials \_\_\_\_\_ Policy \_\_\_\_\_

Application Received \_\_\_\_\_

Registration Processed

Date \_\_\_\_\_ Initials \_\_\_\_\_

Air Fare Processed

Date \_\_\_\_\_ Initials \_\_\_\_\_

Hotel Processed

Date \_\_\_\_\_ Initials \_\_\_\_\_

Per Diem Processed

Date \_\_\_\_\_ Initials \_\_\_\_\_

Office of the Sheriff of Cook County  
Cook County Sheriff's Training Institute

APPLICATION

Applications must be received in the office of the Training Institute 30 days prior to the training activity, seminar, workshop. Early submission of training request is recommended as travel funding is limited. Print the following information:

Applicant's Name \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Star and JDE # \_\_\_\_\_

Title of Course \_\_\_\_\_

Location of Course \_\_\_\_\_ Course Date(s) \_\_\_\_\_ to \_\_\_\_\_

Address of Course \_\_\_\_\_ State \_\_\_\_\_

Please indicate the ESTIMATED or ACTUAL COST FOR EACH APPLICABLE CATEGORY below:

CATEGORY (Include all that apply)	COST	TIMES NO. OF NIGHTS (OR DAYS)	TOTAL COST
Registration			
Air Fare			
Hotel Accommodations (include cost of applicable room tax)			
Per Diem use \$26 per day (\$34 per day for certain locations)			
Ground Transportation			
Other (specify)			
TOTAL COST (circle one: ESTIMATE or ACTUAL)			

**NOTE** No Registration or Travel Arrangements can be made prior to the Training Institute's approval. Please include copies of all appropriate forms for registration processing.

Upon completion of training, I agree to submit copies of certificates or other verification of training received (along with reimbursement forms, if applicable) to the Cook County Sheriff's Police Training Academy at Triton within 7 days of my return.

APPLICANT'S NAME (PRINT) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT RECOMMENDATION

Essential to Department

Important to Department

Rationale for attendance \_\_\_\_\_

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NAME OF CHIEF (Please Print) \_\_\_\_\_

SIGNATURE OF CHIEF \_\_\_\_\_

DATE \_\_\_\_\_

RECOMMENDATIONS BY TRAINING INSTITUTE EXECUTIVE DIRECTOR - (POLICY 3810-U250)

Staff Recommendations  Approved Date \_\_\_\_\_

Not approved Date \_\_\_\_\_

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SIGNATURE OF EXECUTIVE DIRECTOR \_\_\_\_\_