

MIAMI-DADE PUBLIC SAFETY TRAINING INSTITUTE & RESEARCH CENTER
Training Course Application - MDPSTIRC-24

TYPE OF TRAINING	
<input type="checkbox"/>	Local Training
<input type="checkbox"/>	Tuition Training
<input type="checkbox"/>	Educational Travel

REQUESTING APPROVAL	
<input type="checkbox"/>	Mandatory Retraining
<input type="checkbox"/>	Second Dollar Funding
Budget Code _____	

RELATED COSTS	
Tuition	_____
Travel	_____
Other	_____
Total	_____

ATTENDEE:
 Name _____ Rank _____
 Social Security # _____ Work Phone _____
 Division _____ Assignment _____

TRAINING PROGRAM:
 Course Name _____
 Coordinator (MDPD Courses Only) _____
 Sponsor _____ Training location _____
 Dates _____ to _____ Number of Training Hours _____

RELATIONSHIP TO JOB AND BENEFITS TO EMPLOYEE AND DEPARTMENT

ATTENDANCE AUTHORIZATION: APPROVED	DATE	DISAPPROVED
_____	_____	_____
District/Bureau Commander		District/Bureau Commander
_____	_____	_____
Miami-Dade Public Safety Training Institute & Research Center		Miami-Dade Public Safety Training Institute & Research Center
_____	_____	_____
Division Chief*		Division Chief*
_____	_____	_____
Assistant Director*		Assistant Director*
_____	_____	_____
Deputy Director*		Deputy Director*
_____	_____	_____
Director**		Director**
*For Tuition Training/Educational Travel **For Educational Travel only	* Educational Leave Slip Must Be Attached	*For Tuition Training/Educational Travel **For Educational Travel only

FOR MIAMI-DADE PUBLIC SAFETY TRAINING INSTITUTE & RESEARCH CENTER USE ONLY (Local Training Only
 - Educational Leave Slip Not Required)

Selected To Attend Put On Waiting List Not Selected To Attend

Comments: _____

Coordinator _____ Phone _____