

MIAMI-DADE SHERIFF'S TRAINING CENTER**Training Course Application - MDSTC-24****TYPE OF TRAINING**

- ☐ Local Training
- ☐ Tuition Training
- ☐ Educational Travel

REQUESTING APPROVAL

- ☐ Mandatory Retraining
- ☐ Second Dollar Funding
- Budget Code _____

RELATED COSTS

Tuition _____

Travel _____

Other _____

Total _____

ATTENDEE: _____ Rank _____

Name _____

Social Security # _____ Work Phone _____

Division _____ Assignment _____

TRAINING PROGRAM:

Course Name _____

Coordinator (MDSO 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 Sheriff's Training Center_____
Miami-Dade Sheriff's Training Center_____
Division Chief*_____
Division Chief*_____
Assistant Sheriff*_____
Assistant Sheriff*_____
Undersheriff*_____
Undersheriff*_____
Sheriff**_____
Sheriff**

*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 SHERIFF'S TRAINING 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 _____

MDSTC-24