



Fulton County Sheriff's Office Training Request

Date of Request: _____

Course Title: _____ Course Code: _____

Course Date(s): _____ Course Hours (Total): _____

<input type="checkbox"/> F. C. P. S. T. C. (College Park, Ga.)	<input type="checkbox"/> G. P. S. T. C. (Forsyth, Ga.)
<input type="checkbox"/> N. C. G. L. E. A. (Austell, Ga.)	<input type="checkbox"/> FC Sheriff's Training Section
<input type="checkbox"/> Other Training Facility (specify)	

Student's Name: _____ DID: _____
 SSN: _____ DOB: _____ Hire Date: _____
 Contact Numbers: H) _____ W) _____ C) _____
 Current Assignment: _____ Shift: _____
 Certification Number: _____ Certification Date: _____
 Date In-Service/Scheduled: _____ Firearm's Qualification/Scheduled: _____

Student's Name: _____ DID: _____
 SSN: _____ DOB: _____ Hire Date: _____
 Contact Numbers: H) _____ W) _____ C) _____
 Current Assignment: _____ Shift: _____
 Certification Number: _____ Certification Date: _____
 Date In-Service/Scheduled: _____ Firearm's Qualification/Scheduled: _____

Watch Commander (Approve for courses not exceeding 40 hours)
 Name/Signature: _____
 Approve for Training Leave Approve for Accrued Leave
 Disapprove (Reason): _____

Division Commander (Approve for course exceeding 40 hours)
 Name/Signature: _____
 Approve for Training Leave Approve for Accrued Leave
 Disapprove (reason): _____

Division Training Coordinator

Name/Signature: _____
 Date Received: _____ Date Forwarded: _____ Date Reply: _____ Date Posted: _____

Training Section

Date Received: _____ Date Forwarded: _____ Date Reply: _____ Date Posted: _____
 Class Status: Approved Full/Standby Full/Resubmit Cancelled

** The Training Section must receive copies of all training certificates. All Training Leave must be accompanied with an official leave slip and supporting documents (e.g., copy of diploma, sign-in sheets).