



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Request for Extension II (Form TE-2)

Please submit this form to your Regional Field Coordinator

Name: (Last, First, Middle Initial)

Last 4 Digits of Social Security Number:

XXX – XX –

Agency/Department:

The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:

- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Special Duty Assignment, required and performed in the public interest |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Administrative leave involving the determination of worker's compensation or disability retirement issues, full-time educational leave, or suspension pending investigation or adjudication of a crime |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Other (90 days maximum – please attached a detailed explanation for this request.) |

Identify the function(s) for which extension is being granted:

- | | |
|---|---|
| <input type="checkbox"/> General Instructorship Recertification | <input type="checkbox"/> Speed Measurement Instructorship Recertification |
| <input type="checkbox"/> Firearms Instructorship Recertification | <input type="checkbox"/> Speed Measurement Operator Recertification |
| <input type="checkbox"/> Defensive Tactics Instructorship Recertification | <input type="checkbox"/> Annual Firearms Qualification |
| <input type="checkbox"/> Driver Training Instructorship Recertification | |

Extension request is:

Approved

Approved w/conditions:

Not in compliance w/rules

Extension Date: _____

(NOTE: Extension Date includes an additional 30 days for processing)

Date of proposed training to meet requirement:

Signature of Agency Administrator

Printed Name of Agency Administrator

Department of Criminal Justice Services Representative:

Date:

Date Entered: _____