



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

Request for Training Extension (Form TE)

Please submit this form to your Regional Field Coordinator

Name: (Last, First, Middle Initial)	Social Security Number:
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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"/> Injury <input type="checkbox"/> Military Service <input type="checkbox"/> Special Duty Assignment, required and performed in the public interest	<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"/> Other (90 days maximum – please attached a detailed explanation for this request.)
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Identify the function(s) for which extension is being granted:

<input type="checkbox"/> Corrections Officer (Department of Corrections Only) Entry-Level <input type="checkbox"/> Corrections Officer (Department of Corrections Only) In-Service <input type="checkbox"/> Court Security Officer - Entry-Level <input type="checkbox"/> Court Security Officer – In-Service <input type="checkbox"/> Dispatcher - Entry-Level	<input type="checkbox"/> Law Enforcement Officer - Entry-Level <input type="checkbox"/> Law Enforcement Officer – In-Service <input type="checkbox"/> Local Jail Officer - Entry-Level <input type="checkbox"/> Local Jail Officer – In-Service <input type="checkbox"/> Process Service Officer - Entry-Level <input type="checkbox"/> Process Service Officer – In-Service
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Extension request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions: _____	<input type="checkbox"/> Not in compliance w/rules
Extension Date: _____			
<i>(NOTE: Extension Date includes an additional 30 days for processing)</i>			

Date of proposed training to meet requirement:	_____	_____ Signature of Agency Administrator _____ Printed Name of Agency Administrator
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Department of Criminal Justice Services Representative:	Date
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Date Entered: _____

DCJS Form TE