



Commonwealth of Virginia
Virginia Department of Criminal Justice Services

Request for Training Extension (Form TE-1)

Please submit this form to your Regional Field Coordinator

Name: (Last, First, Middle Initial)		TRACER Officer ID # (DOC Use State ID #):
Agency/Department:		
The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:		
<input type="checkbox"/> Injury	<input type="checkbox"/> Administrative leave involving the determination of worker's compensation, full-time educational leave or disability retirement issues, or suspension pending investigation or adjudication of a crime.	
<input type="checkbox"/> Illness	<input type="checkbox"/> Other (90 days maximum – please attached a detailed explanation for this request.)	
<input type="checkbox"/> Medical Condition		
<input type="checkbox"/> Military Service		
<input type="checkbox"/> Special Duty Assignment, required and performed in the public interest.		
Identify the function(s) for which extension is being granted:		
<input type="checkbox"/> Corrections Officer (Department of Corrections Only) Entry-Level	<input type="checkbox"/> Law Enforcement Officer – Entry-Level	
<input type="checkbox"/> Corrections Officer (Department of Corrections Only) In-Service	<input type="checkbox"/> Law Enforcement Officer – In-Service	
<input type="checkbox"/> Court Security Officer – Entry-Level	<input type="checkbox"/> Local Jail Officer – Entry-Level	
<input type="checkbox"/> Court Security Officer – In-Service	<input type="checkbox"/> Local Jail Officer – In-Service	
<input type="checkbox"/> Dispatcher – Entry-Level	<input type="checkbox"/> Process Service Officer – Entry-Level	
<input type="checkbox"/> Process Service Officer – In-Service		
Requested Extension Date: _____	Signature of Agency Administrator _____	
	Printed Name of Agency Administrator _____	
***** DCJS USE ONLY *****		
Approved Extension Date: _____	<input type="checkbox"/> Approved w/conditions:	<input type="checkbox"/> Not in compliance with rules
Virginia Department of Criminal Justice Services Representative: _____		Date: _____