Before the Board on Public Safety Standards and Training of the State of Oregon

In the matter of a request for an extension)
of the time limit to complete the Supervision Course, for) AFFIDAVIT
_____.)

STATE OF OREGON)
) ss.
County of _____)
(County Name)

I, _____, being first duly sworn on oath,
(Name of Department Head)
hereby depose and say that I am the _____ of the
(Chief/Sheriff/Authorized Representative)
_____; that on the _____ day of
(Name of Agency/Department)
_____, _____, the above-referenced employee,
(Month) (Year)
_____, DPSST # _____, transferred,
(Employee Name)

promoted or was appointed by this department in the capacity of
_____.
(Position Title)

Said employee was to complete the prescribed Supervision Course within 12 months from the date of promotion, appointment or transfer to this position and is unable to complete training within the 12 months allowed by Oregon Administrative Rule due to:

This will require that mandated training be completed outside the one-year time limit provided for by Oregon Administrative Rule.

Pursuant to ORS OAR 259-008-0030, I hereby request an extension to the time limit for completion of mandatory training for said employee.

_____
Department Head/Authorized Signature

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of
_____, _____, by _____ .

_____
Notary Public for Oregon

10-31-08