OPTIONAL TRAINING RELEASE FORM

Name: ___________________________________________________  DPSST No.: ____________________

Department: _______________________________________________  Class No: ______________________

☐ The above named individual is authorized overtime to participate in the following optional training if offered (Please check all classes that apply for that discipline).

☐ The above named individual is NOT authorized to attend optional training.

POLICE:

☐ RADAR (6 hrs.)
☐ LIDAR (2 hrs.)
☐ Traffic Incident Management (TIM) (4 hrs.)

TELECOMMUNICATIONS:

☐ Physical Training (4.5 hrs.)

ALL DISCIPLINES:

Mental Health – In Our Own Voice (2 hrs.)
CPR/First Aid (4 hrs.)
History of the Sheriff (2 hrs.)

Agency Head/Designee __________________________  Date __________________________

Revision Date 7/19