***Please read and complete all requested information below.***

Extenuating Circumstance -Request for Peace Officer Training Extension-

*The following form must be completed by a supervisor or responsible party that oversees the training requirements for your law enforcement agency. By providing this request you are ensuring that all information is correct and accurate. Please note that an officer who fails to successfully complete their required training as outlined in KRS 15.386, and does not have extenuating circumstances, will be placed in Delinquent Status and be without peace officer powers on January 1 of the following year.*

**Date of Request** - Click or tap here to enter text. **Agency Name** - Click or tap here to enter text.

**Officer Name** - Click or tap here to enter text. **Academy ID #** - Click or tap here to enter text.

**Please complete this form by clicking on required fields and email to** **KLECS@KY.Gov****. Do not print and complete.**

**1) Needed training is related to (Mark all that apply):** [ ]  Annual Inservice [ ]  BOS [ ]  Legal Update

 [ ]  Prior Extension Request [ ]  Basic Academy [ ]  Other- Explain: Click or tap here to enter text.

**2) Is this request related to military leave?** [ ]  No [ ]  Yes

**3) Please provide explanation of circumstance that created extenuating circumstance –**

Click or tap here to enter text.

 **4) Extenuating Circumstance related to (Mark all the apply):**

[ ]  Community Disaster / Emergency [ ]  Officer Illness [ ]  Caretaker Needs No [ ]  Military Leave

[ ]  Other (Explain)- Click or tap here to enter text.

 **5) What date(s) was the officer unavailable to work due to extenuating circumstance?**

**Provide All Dates -** Click or tap here to enter text.

 **6) Please list all certified courses, and the dates, that your agency attempted to enroll this peace officer into training -**

**Provide Course Title(s) and Dates(s) -** Click or tap here to enter text.

**Please provide explanation for time that the officer was denied or unable to be enrolled-** Click or tap here to enter text.

***Agency Head / Designee -*** Click or tap here to enter text.***Title -***Click or tap here to enter text.

***Email*** *-* Click or tap here to enter text.***Phone*** *-* Click or tap here to enter text.

**Please complete this form by clicking on required fields and email to** **KLECS@KY.Gov****. Do not print and complete. *----------------------------------------------THE FOLLOWING TO BE COMPLETED BY KLECS--------------------------------------------------------***

**Was training available outside of the extenuating circumstance time frame?** [ ]  No [ ]  Yes

**Could the officer been reasonably enrolled in training outside of the described extenuating circumstance(s)?** [ ]  No [ ]  Yes

**Is training available at the time of this extension request?** [ ]  No [ ]  Yes

**Delinquent Year(s) / Hours Needed per Year -** Click or tap here to enter text. **Extension approval?** [ ]  No [ ]  Yes

**Effective Date -** Click or tap here to enter text. **Expiration Date** - Click or tap here to enter text.

**Executive Director -** Click or tap here to enter text. ***Date*** *-* Click or tap here to enter text.