*Kentucky Law Enforcement Council’s*

Training Extension Request

Extenuating Circumstances Only

*The following form must be completed by a supervisor or responsible party that oversees the training requirement for your agency. By providing this request, you are ensuring that all information is accurate.*

Date of Request: Click or tap to enter a date. Agency Name: Click or tap here to enter text.

Academy ID #: Click or tap here to enter text. *for* Name: Click or tap here to enter text.

1. This request is for a  POPS CSO TPS position.
2. Check the following course(s) an extension is needed:

Basic Training  Annual In-service  Legal Updates  Basic Officer Skills

1. Is this related to Military Leave?  Yes  No
2. Is this related to Medical Leave or Worker’s Comp?  Yes  No If yes, please explain:

Click or tap here to enter text.

1. Why were they not able to complete training within the timeframe given? Click or tap here to enter text.
2. When are they scheduled to make up their missed training? 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: Phone Number: Click or tap here to enter text.

*Please type on the form and upon completion, submit this form to* [*KLECS@ky.gov*](mailto:KLECS@ky.gov) *Do not print, PDF or scan back so we can respond back to you directly on the form.*

*THE FOLLOWING TO BE COMPLETED BY KLECS*

Has an extension been granted before?  Yes  No If yes, how many times? Click or tap here to enter text.

This request is Approved:  Yes  No, not an extenuating circumstance

Approval Effective Date: Click or tap to enter a date. to Click or tap to enter a date.

Training Delinquent Effective Date: Click or tap here to enter text.

If this request is for basic training, do they need to retest?  Yes  No

Do they need to sit out as a peace officer or telecommunicator for a year?  Yes  No

Click or tap here to enter text. Click or tap to enter a date.



Executive Director/Designee Date