POST In-Service Training Waiver Request Form

Email to POST@lcle.la.gov

Officer Information: (ALL information MUST be completed)

Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr., etc):
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): ☐ Male ☐ Female
Email Address:			
Employing Agency:			Hire Date:
POST Academy Attended:	Graduation Date:		P.O.S.T. Certificate #:

In-Service Training Information:

Category	Number of Hours Completed	Number of Hours Deficient	Total Hours Required
Firearms			8
Legal			2
Officer Survival			4
Electives			6

Start date of the waiver period: _____

End date of the waiver period (or projected end date): _____

Justification for Waiver Request Instructions:

(Choose the applicable reason for request and follow those instructions)

☐ **Medical Related Request** – provide the pertinent dates of the medical leave and/or limited duty status **AND** the nature of the medical leave and/or limited duty status. This information, along with any available supporting documentation, **MUST** be attached to this form upon submission.

☐ **Active Military Duty Request** – a copy of the military orders **MUST** be attached to this form upon submission. The orders must reflect the date of notification, date of activation, and return (or projected return) date.

☐ **Other Requests** – provide any available or applicable information including, but not limited to, the nature of the waiver request and pertinent dates. This information, along with any available supporting documentation, must be attached to this form upon submission.

I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: _____

Printed Name of Agency Head: _____

Date of Signature: _____

MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)