



Utah Peace Officer Standards and Training In-Service Training Requirement Waiver

This form is to be completed and signed by the Chief Administrative Officer or agency designee to request a waiver of the annual In-Service training requirement.

Agency Information

Agency:	<input type="text"/>	Date Requested:	<input type="text"/>
Person Making The Request:	<input type="text"/>	Title:	<input type="text"/>
E-mail Address:	<input type="text"/>	Phone Number:	<input type="text"/>

Person Information

POST ID:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>
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Waiver Type

- Military
- Partial Year Employment
- Medical/Restricted Duty
(attach physician note)

Start Date:	<input type="text"/>
End Date:	<input type="text"/>

POST Policy & Procedure 3010 Reference

Military Leave

Officers who are actively deployed in military service need only to obtain a prorated number of training hours. Therefore, an officer should obtain 3.5 hours for each month not deployed during the reporting year.

Partial Year Employment

A full 40 hours of In-Service training is required only if an officer is employed for the entire training year. Officers, who are employed after the start of the reporting period, (July 1), need only to obtain a prorated number of training hours. Therefore, an officer should obtain 3.5 hours for each month employed during the reporting year. (Example: An officer hired in January should obtain 21 hours of In-Service training for that training year.)

Long Term Disability, Medical Leave, Restricted Duty

A full 40 hours of In-Service training is required regardless of duty status. To obtain a waiver of the training requirement, the officer and certifying agency must provide a letter from a physician stating that participation in any type of training including watching videotapes or computer based courses would be detrimental to the officer's health. Those that are granted a waiver will be on a prorated basis for the time defined in the physician's letter of inactivity.

I hereby declare I am authorized by my agency Chief Administrative Officer to request a waiver of the annual training requirement for the person listed above. I further state that the above information to be true and correct and have attached any necessary documentation to fulfill the request.

Name	Title	Date
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