



**POLICE OFFICER STANDARDS AND TRAINING COUNCIL  
285 PRESTON AVENUE  
MERIDEN, CT 06450  
CERTIFICATION DIVISION  
203-427-2606**



**Extension of Training Request Form**  
**(Must be filed prior to June 30<sup>th</sup> of the year certification expires)**

Date: \_\_\_\_\_ Department \_\_\_\_\_

Probationary Officer/Certified Officer: \_\_\_\_\_ POSTC ID#: \_\_\_\_\_  
(Circle One)

**1. Reason for Extension:**

**Extension Requirement:** The reason selected is or will be ninety (90) consecutive calendar days in length.  
**FORM MUST BE RESUBMITTED EACH SUCCESSIVE YEAR IF APPLICABLE.**

- Injury or Illness
- Military Leave (submit military orders)
- Administrative Leave (i.e.; suspension, arrest, paid leave, etc...)
- FTO Program (Probationary candidate only) (also check reason above)

**2. Review training hours already acquired prior to the reason checked off in Section 1 above:**

	Firearms	Rape Crisis	Domestic Violence	Human Relations	Handling Juveniles	Police & Law	Patrol Procedures	Gang Violence	Bigotry & Bias
Mandated Hours:	<b>9</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>1</b>
Hours Deficient	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electives Required:	<b>32</b>					FTO Hours Required:	<b>400</b>		
Electives Deficient:	<input type="text"/>					FTO Hours Deficient:	<input type="text"/>		
						(Probationary Candidate Only)			

3. Y N The reason listed in Section 1 above will prevent the officer from attending review training sessions (i.e., doctor's orders, union issues, agency policies, etc.)

If you have circled yes please explain:

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4. **Agency Plan:** include a reasonable plan for the Council/Certification Division to consider showing the training schedule the holder intends to use to comply within the requested extension period. Plan should consist of approximate time of absence, time needed for training upon return, and any other prior long term absences that can be used for consideration in the approval of the extension within the triennial period. Attach additional pages if necessary.

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**I have read and signed this form and attest that the information provided herein is true and accurate to the best of my knowledge. I understand that intentionally making a false written statement that I do not believe to be true with the intent to mislead a public servant in the performance of their official functions on a form bearing this notice is punishable by law. False Statement in the 2<sup>nd</sup> degree, under Connecticut General Statute § 53a-157b, is a class A Misdemeanor.**

Submitted by (Signature) \_\_\_\_\_

Print Name \_\_\_\_\_