



**COMMONWEALTH OF PENNSYLVANIA
MUNICIPAL POLICE OFFICERS' EDUCATION & TRAINING COMMISSION
Request for Extension to Complete In-Service Training
Military Leave / Injured on Duty**

Police Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Email Address: _____

1. I am requesting that the currently certified police officer named below be granted additional time to complete in-service training requirements for _____.
(Insert Year)

2. The reason for request is (please check one):

- Military Leave (please attach DD-214 / orders)
- Injury on Duty (please provide diagnosis/prognosis)
- Other (please attach explanation)

3. Officer Certification Number: _____

Officer Name: _____

Date of Birth: _____

4. In-Service Training requirement for which extension is requested:

- Firearms qualification
- First/Aid and CPR
- Classroom/Online Instruction

Signature of Chief of Police or Agency Head

Date

Signature of Police Officer

Date