

**TRAINING REIMBURSEMENT REQUEST**

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1. This form must be completed by a participating reimbursable agency to request reimbursement for employee(s) attending a POST-certified course.
2. A separate form must be completed for each course attended.


NOTE: **THIS FORM MUST BE PRESENTED TO THE COURSE COORDINATOR/INSTRUCTOR ON OR BEFORE THE FIRST DAY OF TRAINING.**

A. AGENCY	B. COURSE CONTROL NUMBER	C. PLAN NUMBER
D. POST-CERTIFIED COURSE TITLE		E. COURSE PRESENTATION DATES (MM/DD/YY) Start:                      End:

See page 2 for complete [instructions](#).

F. TRAINEE NAME(S) – Last, First, MI	G. POST ID (OR SSN)	H. TRAINEE					I. STATUS		J. TRANSPORTATION				K. ALLOWANCE			L. BACKFILL		M. SUBSTATION
		PEACE OFFICER	RECORDS SUPERVISOR	DISPATCHER	NON-PEACE OFFICER	RESIDENT	COMMUTER	DRIVER	TRAVEL (Mileage)	PASSENGER	OTHER	SUBSISTENCE (Lodging & Meals)	COMMUTER LUNCH	TUITION	HOURS	OVERTIME HOURLY SALARY		
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- I attest that I am a duly authorized official of the herein-named agency requesting reimbursement.
- To the best of my knowledge, the information presented is true and correct and in conformance with Commission Regulations.
- Each trainee for whom reimbursement is requested has attended the POST-certified course named above in an on-duty status, and each trainee listed is a full-time paid employee of the named agency.
- This agency has paid expenses for subsistence, commuter lunch, travel, and tuition associated with the course, as requested for each trainee listed on this form.
- Backfill costs have been incurred as noted in column L.
- I also attest that each non-peace officer for whom reimbursement is requested performed police tasks related to the course.

N. FULL NAME OF PERSON COMPLETING FORM (please print)	O. CONTACT NUMBER OF PERSON COMPLETING FORM (       )                      Ext:
P. AUTHORIZED SIGNATURE 	Q. TITLE OF AUTHORIZED OFFICIAL (please print)
Date:	

**POST USE ONLY**

R. COMMENT	S. AGENCY CONTACTED <input type="checkbox"/> Y <input type="checkbox"/> N	T. AMOUNT PAYABLE \$
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## INSTRUCTIONS

Agencies participating in the POST Reimbursement Program are required to complete the Training Reimbursement Request form in order to receive reimbursement. No other action is required for reimbursement of expenses related to training unless otherwise specified by POST.

- A. **AGENCY** – Enter the name of the participating reimbursable agency submitting the request for reimbursement.
- B. **COURSE CONTROL NUMBER** – Obtain the course control number from the course presenter.
- C. **PLAN NUMBER** – Enter Plan I, II, III, IV, or V
- D. **POST-CERTIFIED COURSE TITLE** – The certified course title must be the same as shown in the Certified Course Catalog. *Do not rely on any other references as the source for the course title.*
- E. **COURSE PRESENTATION DATES** – Enter the start and end dates for the course.
- F. **TRAINEE NAME(S)** – Enter the full name of the trainee (**Last, First, MI**).
- G. **POST ID NUMBER** – Enter the trainee's POST ID Number (or Social Security Number if POST ID is unknown.). This number will be used on appropriate POST records as a reliable identifier.
- H. **TRAINEE** – For each trainee, check the applicable box identifying type of trainee. (CHECK ONE ONLY)
  - **Peace Officer** – An employee subject to assignment of the prevention and detection of crime and the general enforcement of the laws of this state.
  - **Records Supervisor** – A full-time, non-peace officer who performs law enforcement records supervisor duties 50% or more of the time within a pay period.
  - **Dispatcher** – A non-peace officer who performs duties which include receiving emergency calls for law enforcement service and/or dispatching law enforcement personnel.
  - **Non-Peace Officer** – A civilian, non-sworn employee.
- I. **STATUS** – For each trainee, check the applicable box indicating the trainee's commute status. (CHECK ONE ONLY)
  - **Resident** – While attending the course, the trainee took lodging and meals at or near the course site for the entire duration of the course.  
*Note: A trainee not meeting all the conditions of "resident" trainee and who resided for only a portion of the course, must be shown as a commuter trainee.*
  - **Commuter** – The trainee traveled daily between his or her department, or normal residence, and the course site.
- J. **TRANSPORTATION** – Check the appropriate column indicating the mode of transportation used. (CHECK ONE ONLY)
  - **Driver** – Trainee was the driver of a private, agency, or rental vehicle used for transportation to and from the training site.  
*Note: If driving was shared by one or more trainees, indicate only one trainee as the driver.*
  - **Travel (Mileage)** – Trainee may claim travel (mileage) if he/she is the driver of the vehicle (not passenger) or if "Other" is checked.
  - **Passenger** – Trainee was a passenger in a private, agency, or rental vehicle (*not the driver*).
  - **Other** – Any other mode of transportation used, such as commercial air travel.
- K. **ALLOWANCE** – Complete this section to indicate whether **subsistence**, **commuter lunch**, and/or **tuition** reimbursement is requested. A check in a column indicates that the agency will pay those associated expenses to or for the trainee. Check the appropriate column(s) for which reimbursement is requested.
  - **Subsistence (Lodging/Meals)** – Only resident trainees may claim this allowance.
  - **Commuter Lunch** – Only commuter trainees may claim this allowance.
  - **Tuition** – Check only if applicable.
- L. **BACKFILL** – Enter the applicable hours and hourly salary:
  - **Hours** – Enter the number of hours for which another officer provided backfill while the trainee attended the course. To qualify, backfill overtime expense must have been incurred and must have been directly connected to this training course.
  - **Overtime Hourly Salary** – Enter the actual hourly overtime salary rate, not to exceed *time-and-one-half* that was paid to another officer to provide backfill. Actual hourly overtime salary is based on the base monthly salary for the employee's job classification, not to include incentive pay, hazard pay, education subvention, scholarship, insurance premiums, medical benefits, watch differential pay, pension plans, uniform allowance, or other employee benefits.
- M. **SUBSTATION** – Identify the substation assignment if an agency has more than one station where personnel are assigned.
- N. **FULL NAME OF PERSON COMPLETING FORM** – Enter first and last name. (PLEASE PRINT)
- O. **CONTACT NUMBER OF PERSON COMPLETING FORM** – Enter the complete phone number (including area code and extension) for the person to contact regarding questions about the form.
- P. **AUTHORIZED SIGNATURE** – Legal and other provisions require that an authorized person sign and date the completed form. The authorized official of the department or jurisdiction must sign his/her full name. If a signature stamp is used, or if someone is authorized to sign for the department head, the person affixing the stamp or signing must also sign his/her name in full.
- Q. **TITLE OF AUTHORIZED OFFICIAL** – The authorized official of the department or jurisdiction must provide his/her title. (PLEASE PRINT)

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