JEFF JACKSON
ATTORNEY GENERAL

North Carolina Department of Justice

SHERIFFS' STANDARDS DIVISION

TELEPHONE: (919) 779-8213

WILLIAM MITCHELL
DIRECTOR

REQUEST FOR TRAINING EXTENSION

Date of Request: _____ Requesting Agency: _____

Employee Name: _____ Last Four of SSN: _____ DOB: _____

Certified Position: _____ Probationary Expiration Date: _____
Deputy Sheriff, Detention Officer, Telecommunicator

Proposed Basic Training Date: _____ to _____

Please provide the "start" and "end" dates for the new scheduled required training.

The employee is unable to complete _____ for the following reason:

☐ Illness/Injury
Please indicate if the injury or illness is related to Worker's Compensation: ☐ Yes ☐ No

☐ Military Leave

☐ Other (provide a detailed explanation in the space provided below):

I hereby acknowledge the probationary certification period will, or has, expired as noted above and training dates have been proposed to meet the requested extended probationary period. By signing below, I hereby request a six (6) month extension to allow for the completion of the listed training, and I certify that all information provided in this document is true and accurate.

_____ _____ _____
Authorized Official Signature Date

For Sheriffs' Standards Division Staff Only

☐ Request for extension has been granted with a new probationary expiration date of: _____

☐ Request for extension has not been granted, and notification has been submitted to the Authorized Requester.

_____ _____
Director Signature Date