Training Control # _____

ATLANTA POLICE DEPARTMENT
REQUEST FOR ATLANTA POLICE FOUNDATION
TRAINING FUNDS

Name of Applicant _____ _____ _____

(Please print clearly)   Last Name   **First Name**   **MI**

Rank _____ **Assignment** _____

Business Phone # _____ **Cell Phone #** _____

E-mail address _____

Type of Training Requested: _____

Group Training: _____
(Size of APD group)

Location of Training: _____

Training Dates: _____ **POST Certified Course:** ☐ Yes ☐ No

Vendor's Name: _____

Vendor's Address: _____

Vendor Qualifications: _____

_____

*Attach vendor's proposal to include a description of the curriculum, material provided, number of instructors, space required, number of training hours provided, and vendor invoice.

Cost of Training: _____ **Tuition:** _____

Cost Per Student: _____ **Travel cost:** _____

Lodging Cost: _____ **Other cost:** _____

Total Cost of Training: _____

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Please answer completely all of the following questions, which will be used to prioritize and approve this training request.

1.   What training need does this training fulfill and why does it require special funding to accomplish this training?

2.   Specifically describe how the training will improve or contribute to a specific need, unit or function.

3.   Is this training offered at GPSTC (Forsyth) or other nearby training centers; if so, which ones?

4.   Describe how this training is specialized and advanced and why this trainer is the best choice to offer the training.

5.   Describe why you are the best applicant to take this training and will you be able to share this training with other employees through teaching, roll call training, supervision, IT certified, function as an expert in the area, etc?

6.   If the training cannot be brought to Atlanta, what is the closest location to Atlanta it is offered within the next year? What are the travel and lodging expenses versus tuition expenses?

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I, _____hereby acknowledge that I am familiar with the SOP on Outside
Training, and if my application is approved, I understand I must comply with Section 4.10 of
APD.SOP.2080 when I return.

APPLICANT ACKNOWLEDGEMENT: I do hereby acknowledge and agree to maintain employment
with the City of Atlanta for a period of not less than three years following completion of any training
costing in excess of $1,000.00. If I resign, retire or involuntarily separate from the employment of the
Atlanta Police Department, I must reimburse the City for the entire cost of the training if such separation
occurs within one year; reimburse 50% of the cost if such separation occurs between the 1st and 2nd years;
or reimburse 25% of the cost if separation occurs between the 2nd and 3rd year after course completion. I do
hereby authorize the City of Atlanta to deduct from my salary any training costs, if the length of service is
not met.

Applicant's Signature: _____ Date: _____

Immediate Supervisor: Recommend   Not Recommend
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

Unit Commander: Recommend   Not Recommend
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

Section Commander: Recommend   Not Recommend
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

Division Commander: Recommend   Not Recommend
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

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Academy Receipt Stamp:

Program Chair: Recommend   Not Recommend
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

APF Liaison:

Signature and Title: _____ Date Signed: _____

Deputy Chief SSD: Approved   Not Approved
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

Assistant Chief of Police: Approved   Not Approved
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

Chief of Police: Approved   Not Approved
If not recommended, explain why.
_____
_____
_____

Signature and Title: _____ Date Signed: _____

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APF President/CEO: Approved   Not Approved

If not recommended, explain why.

_____
_____
_____

Signature and Title: _____ Date Signed: _____

**APF Resource
Investment Committee:**   Approved   Not Approved

If not recommended, explain why.

_____
_____
_____

Signature and Title: _____ Date Signed: _____

Program that will fund the request (if applicable)

    Recruitment   Mounted Patrol   Affordable Housing

    Training   Scholarship   Crime Stoppers