

**FAIRFAX COUNTY OFFICE OF THE SHERIFF  
SPECIAL ASSIGNMENT REQUEST  
OUTSIDE TRAINING**

**I. REQUESTING ATTENDEE INFORMATION**

NAME:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

M.I.

\_\_\_\_\_

SSN

Squad/Section: \_\_\_\_\_

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

**II. COURSE INFORMATION**

Vendor \_\_\_\_\_

Website Address \_\_\_\_\_

Location and Date(s) of Course Requested \_\_\_\_\_

Title of Course (attach copy of any course information) \_\_\_\_\_

Registration Fee \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. APPROVAL**

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Branch Chief Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Commander Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Deputy Approval (if for Division Commander Travel)

\_\_\_\_\_  
Date