

# Kansas Commission on Peace Officers' Standards and Training (KS-CPOST)

## Extension / Modification / Waiver Request

This form must be completed in the case of it becoming an undue burden for an officer to receive the 40 hour in-service training requirement set forth in KSA 74-5607a(b). Please note that the officer will still need to receive 40 additional hours to fulfill the current training year obligation.

### Modification Request

Box 1

Officer Number: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Request for Training Year \_\_\_\_\_

Please check mark *only one* request (Required):

**Extension**

**Modification**

**Waiver**

### Reason for Request

Box 2

Please check mark a reason for request (Required):

**Military Leave** (Notice of Termination or Status Change form required per KSA 74-5611a(c)).

**Medical Leave** (Notice of Termination or Status Change form required per KSA 74-5611a(c)).

**Other** Please explain (attach letter if additional space needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agency Verification

Box 3

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form

Signature of Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

### Executive Director's Response - *To be completed by KSCPOST only*

Box 4

**Request Denied**     **Request Approved - contingent upon return of attached form CR 324 by fax number (316) 832-9679 within 10 days of receiving this response.**

Number of hours needed to fulfill TY \_\_\_\_\_ requirement: \_\_\_\_\_

Requirement due by: \_\_\_\_\_

KSCPOST Review Date: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_