

Rule 28 Waiver Request

Waivers must be received by January 31st

		y Information		
Agency Name:				
Chief Executive Contact Information: Phone #: () Email:				
Person Requesting Waiver:				
Position and Rank in Departme				
Contact Phone #: () Contact Email:				
	Waive	er Requested		
	: Partial Year Emplo	oyment, Medical, Military and A		
One waiver form per officer. Do not request waivers for multiple officers when filling out this section.				
NI of Officers	DID #			
Name of Officer:	PID #:			
<u>Partial Year</u>		<u>Medical</u>	<u>Military</u>	
Employment	Dates away from I	Department (not light duty)	Start Date: / /	
Hire Date: / /	=	te: / /		
nire Date / /		te:// se://	End Date: / /	
Administrative Leave		etter received by agency		
	ŭ	ast be checked if requesting a		
Start Date: / /	medical waiv	•		
End Date: / /	IIIGUIGUI 1142.	er)		
	Daniahah	1 (11 117 - 1		
		<u>le Skills Waiver</u>		
ONLY USE THIS SECTION I				
•		NOT PART OF THEIR DUT		
-		section if requesting a waiver for		
**If you have more than 10 or	ficers needing this w	vaiver please attach a separate o		
Arrest Control Driving	g Firearms		r Name:	
Reason For Wais	ver:	(First, Last and PID)		
<u> </u>	<u>// C1.</u>	1	16 27	
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		3	_ 8 _ 9	
		5	_ 0	
POST STAFF USE ONLY				
Pro-rated Training Hours Required: Actual Hours Trained:				
Total in-service training hours Total in-service training hours				
Perishable skills hours Perishable Skills Hours				
The above officer has been granted a waiver for Partial Year Employment, Medical, Military,				
Administrative Leave or Perishable Skill.				
The waiver is denied:				
POST Director Signature: Date:				