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
File / Cert No.:	Officer Name:
Agency Name:	Agency Phone Number:
Request for Training Year	
Please check mark only one request (F	Required):
Extension	Modification Waiver
Reason for Request	Box 2
Please check mark a reason for reques	t (Required):
Military Leave (Offic	er Status Change form required per KSA 74-5611a(c)).
Medical Leave (Office	er Status Change form required per KSA 74-5611a(c)).
Other Please explain	n (attach letter if additional space needed):
Agency Verification	Box 3
By signing my name below, I certify und falsifications in the information provided	der penalty of perjury that there are no willful misrepresentations, omissions, or lon this form
Signature of Agency Head: _	Date:
Signature of Officer:	Date:
Executive Director's Respo	nse - To be completed by KSCPOST only Box 4
D Downson Dowland	Demicet Approved
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:	
Requiremen	it due by:
KSCPOST	Review Date:
Executive Director's Signature:	Date:

KSCPOST Form CR323 May 2015