



**Montana State University Billings Police Department**  
 1500 University Drive Billings, MT 59101



**TRAINING REQUEST FORM**

Submit through Chain of Command

Name: \_\_\_\_\_ MLEA Approved/Credit: YES NO

Name of Training \_\_\_\_\_ Hours: \_\_\_\_\_

Dates of Training/Location \_\_\_\_\_  
 (Attach training announcement)

Cost for Course/Seminar \$ \_\_\_\_\_ Cost for Lodging & Meals \$ \_\_\_\_\_

Cost for Travel \$ Requesting \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

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

Describe how this training is relevant as a University Police Officer, and how the training will benefit the University Police Department or the University.

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

Sergeant's Recommendation: Approved Denied Signature \_\_\_\_\_

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

Assistant Chief's Recommendation: Approved Denied Signature \_\_\_\_\_

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

Chief's Action: Approved Denied Signature \_\_\_\_\_

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