

**REQUEST TO ATTEND TRAINING**

CORRECTIONS ACADEMY  
PHONE (505) 827-8900 FAX (505) 827-8904  
FEE: May apply

PO Box 5277  
Santa Fe, NM 87502

Instructions: Prepare one form per course or training activity requested. All information must be completed and necessary approvals must be obtained prior to attendance at the training seminar, workshop, or conference.

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**EMPLOYEE INFORMATION**

Application Date \_\_\_\_\_

Employee Share ID# \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Initial                      Rank/Title

\_\_\_\_\_  
Agency/Department/Facility or Region                      Work Number

\_\_\_\_\_  
Work address                      City                      State                      Zip Code

Email address: \_\_\_\_\_

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**PROGRAM INFORMATION**

Course Requested \_\_\_\_\_

Course Dates \_\_\_\_\_ Time \_\_\_\_\_

Santa Fe Classes      Dormitory accommodations requested:      Yes      No  
Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ License No. \_\_\_\_\_

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**AGENCY APPROVAL**

I hereby certify that the applicant is a member in good standing with my department and attendance at the requested training program is authorized.

\_\_\_\_\_  
Supervisor Name      (please print)                      Rank/Title

\_\_\_\_\_  
Signature                      Date

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**ACADEMY USE ONLY**

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Request Received By                      Date