

Commonwealth of Virginia Virginia Department of Criminal Justice Services

Request for Training Extension II (Form TE-2)

Please submit this form to your Regional Field Coordinator

Name: (Last, First, Middle Initial)	TRACER Officer ID # (DOC Use State ID #):
Agency/Department:	
The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:	
☐ Illness compared c	Iministrative leave involving the determination of worker's impensation, full-time educational leave or disability retirement sues, or suspension pending investigation or adjudication of a crime. her (90 days maximum – please attached a <u>detailed</u> explanation for is request.)
performed in the public interest.	
Identify the function(s) for which extension is being granted:	
 ☐ General Instructorship Recertification ☐ Firearms Instructorship Recertification ☐ Defensive Tactics Instructorship Recertification ☐ Driver Training Instructorship Recertification ☐ Speed Measurement Instructorship Recertification 	 ☐ Instructor Apprenticeship (Type:) ☐ Speed Measurement Operator Recertification ☐ Annual Firearms Qualification ☐ Field Training Officer
Requested Extension Date: Signature of Agency Administrator	
Printed Name of Agency Administrator	
***** DCIS USE ONLY *****	
Approved Extension Date: Approved w/conditions:	☐ Not in compliance with rules
Virginia Department of Criminal Justice Services Representati	ve: Date: