



THIS SECTION TO BE COMPLETED BY OPERATIONS DIVISION STAFF

Department Authorization Signature

Printed Name: _____

Signature: _____

Date: _____

THIS SECTION TO BE COMPLETED BY TRAINING DIVISION STAFF

Received by Training Division Staff: _____ Date: _____

| Scheduled Date | Location | Preceptor / Supervisor | Notification Sent To | |
|----------------|--|------------------------|--------------------------------|-------------------------------------|
| | <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 21 | | <input type="checkbox"/> Chief | <input type="checkbox"/> Supervisor |
| | <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 21 | | <input type="checkbox"/> Chief | <input type="checkbox"/> Supervisor |
| | <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 21 | | <input type="checkbox"/> Chief | <input type="checkbox"/> Supervisor |