



INDIVIDUAL PARTIAL IN-SERVICE CREDIT

Department of Criminal Justice Services, 202 N. Ninth Street, Richmond, VA 23219

Name of Officer: _____ SS#: _____
(Last) (First) (M.I.)

Agency: _____
(Agency Telephone #) (Agency Fax #)

Requested by: _____
(Signature of Agency Administrator) (Title)

PART A: COURSE INFORMATION

Course Title: _____

Course Dates From: _____ To: _____

Course Location: _____

Course Sponsor: _____

Hours of Training Received: Legal _____ Career Development _____ Cultural Diversity _____

I certify that the above individual successfully completed the named training for the hours of training indicated.

Signature of Officer Attending Training Date

Typed or Printed Name of Course Coordinator Telephone Number

Signature of Course Coordinator Date

Upon completion of Part A, submit this form and a curriculum that includes the date, time and instructor for each subject, no later than 60 days following the last day of the course to DCJS, Standards & Training Section

PART B: FOR DCJS USE ONLY

Approved for: _____ Law Enforcement _____ Department of Corrections
_____ Jailor/Custodial Officer _____ Court Security/Process Server

Hours Approved: Legal: _____ Career Development: _____ Cultural Diversity _____ Total: _____

DCJS Staff Signature: _____ Date: _____