



TIME WAIVER APPLICATION

Applicant's Name: _____

SSN: _____

Department: _____

Date of Hire: _____

Certification Number: _____
(If applicable)

Training Due Date: _____

Time Waiver Extension is Requested for (Check Training that applies):

- Basic Training Waiver Training Continuing Education Training

Extension is requested until (date where possible): _____

Date/Location/Module# of scheduled training within extension (registered where possible):

Reason for Time Waiver Request (Provide Supporting Documentation):

Pre-Certification Time Waiver

- Military
 Family Medical Leave

- Personal Emergency
 Medical

- Limited Duty
 Leave

Re-certification Time Waiver

- Military
 Family Medical Leave
 Temporary Manpower Shortfall
 Medical
 Limited Duty
 Leave

- Training Site More Convenient to County
 Personal Emergency

Provide Detailed Explanation: _____

APPLICANT'S UNDERSTANDING AND SIGNATURE:

1. I am submitting this application for review by the Sheriff and Deputy Sheriffs Education and Training Board.
2. I recognize that it is my responsibility to comply with all requirements as listed on this application and to provide the necessary documentation to support my submission, and that incomplete applications or those not accompanied by the required supporting documentation will be rejected and returned to my submitting department for completion, which will result in a delay in consideration of this application.
3. I understand that attendance and successful completion of training is required for certification or re-certification.
4. I understand that disapproval of my application will require me to comply with the training requirements of Act 1984-2 and the regulations and policies of the Board.
5. I certify that this form and all attachments contain no misrepresentation or falsification, omissions, or concealment of material fact and that the information given is true and correct to the best of my knowledge and belief. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities, and may result in the permanent denial or disqualification of my certification as a deputy sheriff by the Sheriff and Deputy Sheriffs Education and Training Board.

Signature of Applicant

Date

EMPLOYING SHERIFF'S CERTIFICATION:

I have read and authorized this application requesting a time waiver for deputy sheriff's training mandated by Act 1984-2. I verify that the applicant is presently employed as a deputy sheriff with my department. I am aware of the training requirements, which are imposed upon the applicant and will facilitate his completion of these requirements. To the best of my knowledge, the information provided in this application is true and complete.

Signature of Employing Sheriff

Date

Submit Time Waiver Requests to:

**PCCD
ATTN: Sheriff and Deputy Sheriffs Training
PO Box 1167
Harrisburg, PA 17108
(800) 692-7292
Fax (717) 783-7140**