



**PAT THOMAS LAW ENFORCEMENT ACADEMY
TALLAHASSEE COMMUNITY COLLEGE**

**SALARY INCENTIVE
AUTHORIZATION FORM**

TO BE COMPLETED BY EMPLOYING AGENCY

Officer Information

Officer Name: _____
(last name) (first name) (MI)

Officer Social Security Number: _____ - _____ - _____

Course Information

Training School: TCC, Pat Thomas Law Enforcement Academy

Course Title: _____

Course Dates: _____ to _____

Agency Information

This agency approves this course is to be used for (initial one):

() Salary Incentive

() Mandatory Retraining

Agency Name: _____

Authorized Agency Signature

Date