



# TRAINING AUTHORIZATION Advanced/Specialized Courses

**DC**  
**Florida Department**  
**of Corrections**

## OFFICER INFORMATION

Officer Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Officer's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## COURSE ENROLLMENT INFORMATION

Certified Training Center: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_ Total Cost of Course: \_\_\_\_\_  
(If available)

Course Credit: (Check one) \_\_\_\_\_ Salary Incentive \_\_\_\_\_ Mandatory Retraining

**I understand that if I attend a local training center for salary incentive purposes and do not successfully completed that course due to less than satisfactory performance or withdraw from the course, policy requires I reimburse the Department for the cost of tuition, registration, or lab fees. [(Per DC Rule 33-209.104)]**

\_\_\_\_\_  
(Employee Signature)

## AGENCY INFORMATION

Work Location: \_\_\_\_\_  **Approved**  **Disapproved**

\_\_\_\_\_  
*Supervisor or Designee Signature* *Typed Name and Title* *Date*

\_\_\_\_\_  
*Service Center Training Manager or Designee Signature*

\_\_\_\_\_ **CERTIFIED TRAINING CENTER** \_\_\_\_\_

Course Sequence Number: \_\_\_\_\_

Course Beginning Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Course Ending Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*This officer has successfully completed this course.*

\_\_\_\_\_  
*Training Center Director* *Date*

DC2-903 (Revised 5-00)

**SEND INVOICE TO THE SERVICE CENTER TRAINING MANAGER**