



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Request for Extension II**

Please submit this form to your Regional Field Coordinator

Name: (Last, First, Middle Initial)	Social Security Number:
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Agency/Department:

The following are the only circumstances provided in the rules for which extensions can be granted. Please check one:

<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Military Service	<input type="checkbox"/> Special Duty Assignment, required and performed in the public interest <input type="checkbox"/> Administrative leave involving the determination of worker's compensation or disability retirement issues, full-time educational leave, or suspension pending investigation or adjudication of a crime <input type="checkbox"/> Other (90 days maximum – please attached a detailed explanation for this request.)
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Identify the function(s) for which extension is being granted:

<input type="checkbox"/> General Instructorship Recertification <input type="checkbox"/> Firearms Instructorship Recertification <input type="checkbox"/> Defensive Tactics Instructorship Recertification <input type="checkbox"/> Driver Training Instructorship Recertification <input type="checkbox"/> Speed Measurement Instructorship Recertification	<input type="checkbox"/> SFST Instructorship Recertification <input type="checkbox"/> Speed Measurement Operator Recertification <input type="checkbox"/> Annual Firearms Qualification
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Extension request is: Extension Date: _____ <i>(NOTE: Extension Date includes an additional 30 days for processing)</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions: _____ _____	<input type="checkbox"/> Not in compliance w/rules
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Date of proposed training to meet requirement: _____	_____ Signature of Agency Administrator _____ Printed Name of Agency Administrator
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Department of Criminal Justice Services Representative:	Date
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Date Entered: _____

DCJS Form TE-2