



Utah Department of Public Safety
Utah Peace Officer Standards and Training

Annual Training Requirement Waiver

This form is to be completed and signed by the Chief Administrative Officer or agency designee to request a waiver of the annual In-Service training requirement.

Agency Information

Agency: _____ Date Requested: _____
Requestor: _____ Title: _____
Email Address: _____ Phone Number: _____

Individual Information

POST-ID: _____ First Name: _____ Last Name: _____

WaiverType

Military _____ Start Date: _____ End Date: _____

For military waiver, the individual must be deployed by the U.S. military under orders for an extended period. While deployed, the individual's certification and annual training requirements are on hold until the individual returns. At that point, any deficiency in training must be completed before returning to active status. Depending on deployment dates, the individual will receive a waiver of a part or all of the annual training requirements.

Medical _____ Start Date: _____ End Date: _____

For a medical waiver, the individual must be on short-term or long-term disability for an extended period. While on medical, the individual's certification and annual training requirements are on hold until the individual returns to work. At that point, any deficiency in training must be completed before returning to active status. Depending on medical dates, the individual will receive a waiver of a part or all of the annual training requirements. A physician's note must be attached to this form stating that the individual is prohibited from participating in any training due to the medical condition.

I hereby declare I am authorized by my agency Chief Administrative Officer to request a waiver of the annual training requirement for the individual listed above. I further state that the information is true and correct and have attached any necessary documentation to fulfill the request.

Name	Title	Date
------	-------	------