



Peace Officer
Standards and Training

Rule 28 Waiver Request

Waivers must be received by December 31st

Agency Information

Agency Name: _____ Chief Executive Name: _____
 Chief Executive Contact Information: Phone #: (____) _____ - _____ Email: _____
 Person Requesting Waiver: _____
 Position and Rank in Department: _____
 Contact Phone #: (____) _____ - _____ Contact Email: _____

Waiver Requested

****This section is only for: Partial Year Employment, Medical, and Military****

****One waiver form per officer. Do not request waivers for multiple officers when filling out this section.****

Name of Officer: _____ PID #: _____

Partial Year Employment

Hire Date: ___/___/___

Medical

Dates **away** from Department (**not light duty**)

Start Date: ___/___/___

End Date: ___/___/___

Physician's letter received by agency
(This box must be checked if requesting a medical waiver)

Military

Start Date: ___/___/___

End Date: ___/___/___

Perishable Skills Waiver

****Multiple officers can be listed in this section if requesting a waiver for the same skill.****

****If you have more than 10 officers needing this waiver please attach a separate document with this form.****

Arrest Control Driving Firearms

Reason For Waiver:

Officer Name:

(First, Last and PID)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

POST STAFF USE ONLY

The above officer has been granted a waiver for Partial Year Employment, Medical or Military. The officer was required to complete the following pro-rated training hours:

Pro-rated Training Hours Required:

____ Total in-service training hours

____ Perishable skills hours

Actual Hours Trained

____ Total in-service training hours

____ Perishable Skills Hours

The officer is: In Compliance with Rule 28

Not in Compliance with Rule 28: Reason: _____

Perishable Skills Waiver:

Granted

Not Granted

POST Director Signature: _____ Date: _____