

# TRAINING REIMBURSEMENT REQUEST

## POST AUTOMATED REIMBURSEMENT SYSTEM

1601 Alhambra Boulevard  
Sacramento, CA 95816-7083

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This form must be completed by a participating reimbursable agency to request reimbursement for employee(s) attending a POST-certified course. A separate form must be completed for each course attended.

**THIS FORM MUST BE PRESENTED TO THE COURSE COORDINATOR/INSTRUCTOR ON OR BEFORE THE FIRST DAY OF TRAINING.**

A. AGENCY	C. COURSE CONTROL NUMBER
B. CERTIFIED COURSE TITLE	D. COURSE PRESENTATION DATES START: _____ END: _____

**Fully complete this section - Click each note for details.**

E.	NAME OF TRAINEE(S) (LAST) (FIRST) (M.I.)	F. POST ID NUMBER (OR SSN)	G. TRAINEE STATUS					H.	I.	J. TRANSPORTATION		K. ALLOWANCE REQUESTED			L.	M. BACK-FILL HOURLY SALARY	N. STATION ASSIGNED OTHER THAN HEADQUARTERS
			PEACE OFFICER	RECORDS SUPERVISOR	DISPATCHER	NON-PEACE OFFICER	RESIDENT TRAINEE			COMMUTER TRAINEE	DRIVER OF VEHICLE	PASSENGER IN VEHICLE	OTHER	SUBSISTENCE			
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I attest that I am a duly authorized official of the herein-named agency requesting reimbursement and to the best of my knowledge the information stated above is true and correct and in conformance with Commission Regulations. I also attest that each trainee for whom reimbursement is requested will attend the POST-certified course named above in an on-duty status of employment and that each trainee listed is a full-time paid employee of the herein-named agency. I also attest that back-fill cost will be incurred as noted in columns L & M. This agency will pay expenses for subsistence, commuter lunch, travel and tuition associated with the course, as requested for each trainee listed on this form.

O. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	P. PRINT NAME OF PERSON COMPLETING FORM	Q. CONTACT NUMBER ( )	R. DATE
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### FOR POST USE ONLY

COMMENT	AGENCY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT PAYABLE _____
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## INSTRUCTIONS

Agencies participating in the POST Reimbursement Program are required to complete the Training Reimbursement Request form in order to receive reimbursement. No other action is required for reimbursement of expenses related to that training unless otherwise specified by POST.

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- A. **AGENCY** – Enter the name of the participating reimbursable agency submitting the request for reimbursement.
- B. **CERTIFIED COURSE TITLE** – The certified course title must be the same as shown in the [Certified Course Catalog](#), Section D-14 of the POST Administrative Manual. The title may be obtained from the course presenter. Do not rely on brochures or other course advertisements as the source for certified course titles.
- C. **COURSE CONTROL NUMBER** – The course control number may be obtained from the course presenter.
- D. **COURSE PRESENTATION DATE** – Enter the date(s) the course started and ended.
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- E. **NAME OF TRAINEE(S)** – Enter the last name first, followed by the first name and middle initial.
- F. **POST ID NUMBER (OR SSN)** – Enter the trainee's POST Identification Number (or last four digits of the social security number). This number will be used on appropriate POST records as a reliable identifier.
- G. **TRAINEE STATUS** – For each trainee, check the most applicable box indicating the trainee's status. (Check one ONLY):
- **Peace Officer** – An employee subject to assignment of the prevention and detection of crime and the general enforcement of the criminal laws of this state.
  - **Records Supervisor** – A full-time, non-peace officer who performs law enforcement records supervisor duties 50% or more of the time within a pay period.
  - **Dispatcher** – A non-peace officer who performs duties which include receiving emergency calls for law enforcement service and/or dispatching law enforcement personnel.
  - **Non-Peace Officer** – Is a civilian, non-sworn employee. (See dispatcher or records supervisor, if more applicable)
- H. **RESIDENT TRAINEE** – Check this column if the trainee, while attending the course, takes lodging and meals at or near the course site for the entire duration of the course.
- Note:** A trainee not meeting all the conditions of the resident trainee definition and who resides for only a portion of the course, must be shown as a commuter trainee.
- I. **COMMUTER TRAINEE** – Check this column if the trainee will travel daily between his or her department, or normal residence, and the course site.
- J. **TRANSPORTATION** – Check the appropriate column indicating the mode of transportation used. (Check one ONLY)
- **Driver of Vehicle** – The trainee is the driver of a private, agency, or rental vehicle used for transportation to and from the training site.
  - **Passenger in Vehicle** – The trainee was a passenger in, not the driver of, a private, agency, or rental vehicle. If driving was shared by one or more trainees, indicate only one trainee as the driver.
  - **Other** – Any other mode of transportation, such as commercial air travel, was used.
- K. **ALLOWANCE REQUESTED** – Complete this section to indicate whether **subsistence**, **commuter lunch**, and/or **travel** reimbursement is requested. A check in a column indicates that the agency will pay those associated expenses to or for the trainee. Check the appropriate columns for which reimbursement is requested.
- **Subsistence** – Only resident trainees may claim this allowance.
  - **Commuter Lunch** – Only commuter trainees may claim this allowance.
  - **Travel** – Trainee may claim travel allowance if he/she is the driver of the vehicle (not passenger) or if "Other" is checked in column G.
- L. **NUMBER OF BACK-FILL HOURS** – Enter the number of hours for which another officer(s) will provide back-fill while the trainee attends the course. To qualify, back-fill overtime expense must be incurred and must be directly connected to this training course.
- M. **BACK-FILL HOURLY SALARY** – Enter the actual hourly overtime salary rate, not to exceed time-and-one-half that will be paid to another officer to provide back-fill. If more than one officer will provide back-fill on an overtime basis, enter either the lowest or the average of the actual rates that will be paid.
- N. **STATION ASSIGNED OTHER THAN HEADQUARTERS** – For an agency having more than one station where personnel are assigned, identify the substation assignment.
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- O. **SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL** – Legal and other provisions require that an authorized person properly sign the completed form. The authorized official of the department or jurisdiction must sign his or her full name and title. If a signature stamp is used, or if someone is authorized to sign for the department head, the person affixing the stamp or signing must also sign his or her name in full.
- P. **NAME OF PERSON COMPLETING FORM** – Enter first and last name.
- Q. **CONTACT NUMBER** – Enter the complete phone number, including area code and extension, of the person to contact regarding questions on the form.
- R. **DATE** – Enter the date signed by the authorized official.