



OUT-OF-STATE SPECIAL USE REQUEST

This document must be typewritten or computer-generated. **Incomplete requests will not be approved & returned.**

DEPARTMENT NAME:		SUR # (MCOLES Use Only)	
STREET ADDRESS/CITY/ZIP:			
REQUESTING OFFICIAL:		TELEPHONE:	
SIGNATURE		DATE:	
1. TYPE OF REQUEST: <input type="checkbox"/> OUT-OF-STATE TRAINING <input type="checkbox"/> OUT OF STATE VENDOR <input type="checkbox"/> HOST OUT-OF-STATE VENDOR			
2. TITLE OF TRAINING PROGRAM: Your Course Code you assigned:			
3. DATE(S) OF TRAINING		4. COST PER TRAINEE:	
5. LOCATION OF TRAINING:			
6. NAME AND ADDRESS OF TRAINING VENDOR:			
7. DESCRIPTION OF TRAINING PROGRAM: Provide a description of the training program and attach a copy of the agenda/course outline. Explain how the training is related to the duties of the attendee(s).			
8. NAME, RANK, AND ASSIGNMENT OF ATTENDEE(S):			
<p>NOTE: IF SECTIONS 9A AND 9B ARE NOT COMPLETED, THE REQUEST WILL BE RETURNED.</p> <p>9a. LIST EACH MICHIGAN SOURCE CONTACTED (Refer to instructions).</p> <p>9b. EXPLAIN WHY THE MICHIGAN SOURCES ARE NOT ADEQUATE.</p>			

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OUT-OF-STATE SPECIAL USE REQUEST INSTRUCTIONS

Complete this form to request approval for out-of-state training, or in-state training provided by an out-of-state vendor. You will be notified, in writing, of the action taken on your request.

1. **Type of Request:** Specify the type of out-of-state request. If your agency is acting as the host department for an out-of-state vendor, "host approval" may be requested, which will authorize all participating agencies to expend their Justice Training Law Enforcement Distribution (LED) funds for program attendance.
2. **Name and Address of Training Vendor:** Provide the name and complete mailing address of the training vendor.
3. **Location of Training:** Identify the city and state where the training will be provided.
4. **Date(s) of Training:** Specify the date(s) of the training. Do not include days prior to and following training days that are dedicated to travel only. See items 10-12.
5. **Title of Training Program:** Provide the title of the course, seminar, or training program as defined by the vendor. Enter the MCOLES Information and Tracking Network (hereafter "MCOLES Network" Number by searching the MCOLES Network for the course. If no information is found for this course in the MCOLES Network, contact either the agency hosting the training or the training vendor to submit the appropriate documentation through the MCOLES Network.
6. **Cost Per Trainee:** This item applies to requests for out-of-state vendors. Provide the cost per trainee charged by the vendor.
7. **Description of Training Program:**
 - a. Give a brief description of the training program. Attach a copy of any available brochure, itinerary or agenda that will specify the type and length of training involved, indicating the amount of actual training/workshop time for each day.
 - b. Explain why the training is needed and how the training is related to the duties of the attendee(s).
8. **Name, Rank and Assignment of Attendee(s):** Provide the name, rank and duty assignment of each officer who will attend this training.
9. **Justification:** P.A. 302 of 1982, as amended, specifies that "the commission shall not approve any out-of-state training program unless the eligible entity requesting approval of the training program has exhausted all reasonable efforts to locate a similar training program in this state, and the commission is satisfied that a similar training program is not available in this state."
 - a. **Michigan Sources Contacted:** To comply with this condition, you must list each Michigan source contacted by your agency to determine the availability of this training program within the state of Michigan. At a minimum, you must contact a statewide provider (e.g. the Michigan State Police or the Michigan Municipal League), local or regional providers (e.g. community colleges or universities), and the MJTC Schedule of Training Courses. Failure to contact and list Michigan sources may result in the denial of the request.
 - b. **Michigan Sources Are Not Adequate:** Explain why the Michigan sources were not adequate to meet the training needs of your agency.

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10. **Date Travel Begins:** Enter the date travel begins; be sure to include travel days prior to the first day of training.
11. **Date Travel Ends:** Enter the date travel ends; be sure to include travel days following the last day of training.
12. **Additional Days:** If travel occurs prior to the first day of training, or following the last day of training, provide justification for the additional day(s) of travel. Any savings in airfare achieved by extending the days of travel must exceed any lodging and meal expenses incurred as a result of the delay in travel.
13. **Travel Costs:** Provide the requested detail for all travel costs associated with this training program. If approval is requested for costs other than those outlined, be sure to provide a detailed description of the cost and the method of calculation. Travel costs must comply with the currently published state travel rates. Please check www.michigan.gov/mcoles, Justice Training Fund link, Law Enforcement Distribution Guidelines link (page 11) for the current rates.

Form Submission. Mail the completed form to:

Michigan Commission on Law Enforcement Standards
ATTN: Special Use Request
PO Box 30633
Lansing, MI 48909

Or FAX to: 517-636-7886

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