Minnesota Board of Peace Officer Standards and Training

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www.post.state.mn.us

2016 APPLICATION FOR REIMBURSEMENT OF CONTINUING EDUCATION EXPENSES FOR PEACE OFFICERS AND PART-TIME PEACE OFFICERS

Agency Name _____ **Phone** _____

As the Chief Law Enforcement Officer I affirm the following:

- the expenses incurred during fiscal year 2016 (July 1, 2015 to June 30, 2016) were to make continuing education available to the peace officers employed by the agency,
- the agency is applying for reimbursement of continuing education expenses of officers who were employed for at least eight months during fiscal year 2016,
- the agency has incurred the expense of making at least sixteen hours of POST-approved continuing education available to each of these officers,
- the names, license numbers and dates of employment for all eligible officers are listed on the attached roster (page 3),
- the agency has employed _____ eligible officers (the number listed should match the number of names on page 3 and not include officers who will be claimed by another agency (page 4) and
- the agency has expended approximately $ _____ to make continuing education available during the fiscal year (the amount listed should be equal to the grand total on page 2).

Whether you are requesting reimbursement monies or not, the POST Board must receive a signed application by 4:30 p.m. on Friday, July 29, 2016.

Print Name of Chief Law Enforcement Officer	Email Address
Signature of Chief Law Enforcement Officer	Date

When submitting your application, please use only one of the following:
Email postboard.agency.docs@state.mn.us, U.S. Mail or Fax

FOR POST USE ONLY
Reviewed By _____
Date Approved _____
Date Entered _____

2016 CONTINUING EDUCATION EXPENDITURES

Agency Name _____

STEP 1: List the amount spent on continuing education for the period July 1, 2015 to June 30, 2016.

STEP 2: Line by line, add each amount and list the grand total.

STEP 3: List the GRAND TOTAL amount on page 1.

	Continuing Education Expenditures
Line 1 – Course Fees **Course fees may include enrollment fees and college tuition; required equipment, videos, manuals and books; instructor fees; and cost of ammunition used in training.**	_____
Line 2 – Salary **Salary paid to officers while in training. Do not include salary paid to a designated training officer or staff.**	_____
Line 3 – Lodging and Meals **Costs incurred for lodging and meals during training.**	_____
Line 4 – Transportation **Costs incurred for transportation to and from training.**	_____
Line 5 – Training Organization Fees **Fees paid to training organization to participate in programs not already accounted for under lines 1 – 4. Please identify organization(s).** _____	_____
Line 6 – Other Training Expenses **Please describe training expenses not listed in lines 1 – 5.** _____ _____	_____
GRAND TOTAL	_____

2016 ELIGIBLE OFFICERS ROSTER

Agency Name _____

List the names, license numbers and dates of employment of eligible officers for reimbursement of continuing education expenses.

Officers who were terminated before February 29, 2016 are not eligible. List only officers who were hired and licensed on or before November 1, 2015 and employed for at least eight months during fiscal year 2016 (July 1, 2015 to June 30, 2016).

Agencies applying for more than sixteen officers may attach a roster in lieu of completing the table below.

Officer Name	POST License Number	Dates of Employment Start / End
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

2016 MULTIPLE LAW ENFORCEMENT EMPLOYERS

Agency Name _____

Complete this page if any of the officers listed on page 3 were also employed as an officer by more than one law enforcement agency for at least eight months during fiscal year 2016 (July 1, 2015 to June 30, 2016).

According to Minn. R. 6700.1800, Subp. 3., a licensee may only be claimed for reimbursement by one law enforcement agency. Agencies should contact one another to determine which agency will claim the officer for reimbursement.

Officer Name	POST License Number	Additional Employing Agency(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		