



Contract #: _____ Contract Agency: _____

Requester Name: _____ Date of request: _____

Email: _____ Telephone: _____

Training/Exercise/Conference: _____

Student Name		Rank	Replacement Name	Replacement Rank	Date(s)	Anticipated Costs	FOR CALOES USE ONLY	
							Approved	Not Approved
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Total								

For questions please call: (916) 364-4504 or email us at: Csti-fr-training@caloes.ca.gov

Approved: _____ Date: _____
(For CSTI Staff Only)